



General Assembly

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Amendment

LCO No. 10959



Offered by:

SEN. DAUGHERTY ABRAMS, 13th Dist.

REP. STEINBERG, 136th Dist.

To: Subst. Senate Bill No. 920

File No. 762

Cal. No. 372

***"AN ACT CONCERNING THE DEPARTMENT OF PUBLIC
HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO
THE PUBLIC HEALTH STATUTES."***

1 Strike section 5 in its entirety and insert the following in lieu thereof:

2 "Sec. 5. Subsections (a) to (c), inclusive, of section 19a-493 of the
3 general statutes are repealed and the following is substituted in lieu
4 thereof (*Effective July 1, 2019*):

5 (a) Upon receipt of an application for an initial license, the
6 Department of Public Health, subject to the provisions of section 19a-
7 491a, shall issue such license if, upon conducting a scheduled
8 inspection and investigation, the department finds that the applicant
9 and facilities meet the requirements established under section 19a-495,
10 provided a license shall be issued to or renewed for an institution, as
11 defined in section 19a-490, only if such institution is not otherwise
12 required to be licensed by the state. If an institution, as defined in
13 subsections (b), (d), (e) and (f) of section 19a-490, applies for license

14 renewal and has been certified as a provider of services by the United
15 States Department of Health and Human Services under Medicare or
16 Medicaid programs within the immediately preceding twelve-month
17 period, or if an institution, as defined in subsection (b) of section 19a-
18 490, is currently certified, the commissioner or the commissioner's
19 designee may waive on renewal the inspection and investigation of
20 such facility required by this section and, in such event, any such
21 facility shall be deemed to have satisfied the requirements of section
22 19a-495 for the purposes of licensure. Such license shall be valid for
23 two years or a fraction thereof and shall terminate on March thirty-
24 first, June thirtieth, September thirtieth or December thirty-first of the
25 appropriate year. A license issued pursuant to this chapter, unless
26 sooner suspended or revoked, shall be renewable biennially (1) after
27 an unscheduled inspection is conducted by the department, and (2)
28 upon the filing by the licensee, and approval by the department, of a
29 report upon such date and containing such information in such form
30 as the department prescribes and satisfactory evidence of continuing
31 compliance with requirements established under section 19a-495. In
32 the case of an institution, as defined in subsection (d) of section 19a-
33 490, that is also certified as a provider under the Medicare program,
34 the license shall be issued for a period not to exceed three years, to run
35 concurrently with the certification period. In the case of an institution,
36 as defined in subsection (m) of section 19a-490, that is applying for
37 renewal, the license shall be issued pursuant to section 19a-491, as
38 amended by this act. Except in the case of a multicare institution, each
39 license shall be issued only for the premises and persons named in the
40 application. Such license shall not be transferable or assignable.
41 Licenses shall be posted in a conspicuous place in the licensed
42 premises.

43 (b) (1) A nursing home license may be renewed biennially after (A)
44 an unscheduled inspection conducted by the department, (B)
45 submission of the information required by section 19a-491a, and (C)
46 submission of evidence satisfactory to the department that the nursing
47 home is in compliance with the provisions of this chapter, the Public

48 Health Code and licensing regulations.

49 (2) Any change in the ownership of a facility or institution, as
50 defined in [subsection (c) of] section 19a-490, owned by an individual,
51 partnership or association or the change in ownership or beneficial
52 ownership of ten per cent or more of the stock of a corporation which
53 owns, conducts, operates or maintains such facility or institution, shall
54 be subject to prior approval of the department after a scheduled
55 inspection of such facility or institution is conducted by the
56 department, provided such approval shall be conditioned upon a
57 showing by such facility or institution to the commissioner that it has
58 complied with all requirements of this chapter, the regulations relating
59 to licensure and all applicable requirements of the Public Health Code.
60 Any such change in ownership or beneficial ownership resulting in a
61 transfer to a person related by blood or marriage to such an owner or
62 beneficial owner shall not be subject to prior approval of the
63 department unless: (A) Ownership or beneficial ownership of ten per
64 cent or more of the stock of a corporation, partnership or association
65 which owns, conducts, operates or maintains more than one facility or
66 institution is transferred; (B) ownership or beneficial ownership is
67 transferred in more than one facility or institution; or (C) the facility or
68 institution is the subject of a pending complaint, investigation or
69 licensure action. If the facility or institution is not in compliance, the
70 commissioner may require the new owner to sign a consent order
71 providing reasonable assurances that the violations shall be corrected
72 within a specified period of time. Notice of any such proposed change
73 of ownership shall be given to the department at least [ninety] one
74 hundred twenty days prior to the effective date of such proposed
75 change. For the purposes of this subdivision, "a person related by
76 blood or marriage" means a parent, spouse, child, brother, sister, aunt,
77 uncle, niece or nephew. For the purposes of this subdivision, a change
78 in the legal form of the ownership entity, including, but not limited to,
79 changes from a corporation to a limited liability company, a
80 partnership to a limited liability partnership, a sole proprietorship to a
81 corporation and similar changes, shall not be considered a change of

82 ownership if the beneficial ownership remains unchanged and the
83 owner provides such information regarding the change to the
84 department as may be required by the department in order to properly
85 identify the current status of ownership and beneficial ownership of
86 the facility or institution. For the purposes of this subdivision, a public
87 offering of the stock of any corporation that owns, conducts, operates
88 or maintains any such facility or institution shall not be considered a
89 change in ownership or beneficial ownership of such facility or
90 institution if the licensee and the officers and directors of such
91 corporation remain unchanged, such public offering cannot result in
92 an individual or entity owning ten per cent or more of the stock of
93 such corporation, and the owner provides such information to the
94 department as may be required by the department in order to properly
95 identify the current status of ownership and beneficial ownership of
96 the facility or institution.

97 (c) (1) A multicare institution may, under the terms of its existing
98 license, provide behavioral health services or substance use disorder
99 treatment services on the premises of more than one facility, at a
100 satellite unit or at another location outside of its facilities or satellite
101 units that is acceptable to the patient receiving services and is
102 consistent with the patient's assessment and treatment plan. Such
103 behavioral health services or substance use disorder treatment services
104 may include methadone delivery and related substance use treatment
105 services to persons in a nursing home facility pursuant to the
106 provisions of section 19a-495c.

107 (2) Any multicare institution that intends to offer services at a
108 satellite unit or other location outside of its facilities or satellite units
109 shall submit an application for approval to offer services at such
110 location to the Department of Public Health. Such application shall be
111 submitted on a form and in the manner prescribed by the
112 Commissioner of Public Health. Not later than forty-five days after
113 receipt of such application, the commissioner shall notify the multicare
114 institution of the approval or denial of such application. If the satellite
115 unit or other location is approved, that satellite unit or location shall be

116 deemed to be licensed in accordance with this section and shall comply
117 with the applicable requirements of this chapter and regulations
118 adopted under this chapter.

119 (3) A multicare institution that is a hospital providing outpatient
120 behavioral health services or other health care services shall provide
121 the Department of Public Health with a list of satellite units or
122 locations when completing the initial or renewal licensure application.

123 ~~[(3)]~~ (4) The Commissioner of Public Health may adopt regulations,
124 in accordance with the provisions of chapter 54, to carry out the
125 provisions of this subsection. The Commissioner of Public Health may
126 implement policies and procedures necessary to administer the
127 provisions of this subsection while in the process of adopting such
128 policies and procedures as regulation, provided the commissioner
129 prints notice of intent to adopt regulations in the Connecticut Law
130 Journal not later than twenty days after the date of implementation.
131 Policies and procedures implemented pursuant to this section shall be
132 valid until the time final regulations are adopted."

133 Strike section 22 in its entirety and insert the following in lieu
134 thereof:

135 "Sec. 22. Section 19a-37 of the general statutes is repealed and the
136 following is substituted in lieu thereof (*Effective July 1, 2019*):

137 (a) As used in this section:

138 (1) "Laboratory or firm" means an environmental laboratory
139 registered by the Department of Public Health pursuant to section 19a-
140 29a;

141 (2) "Private well" means a water supply well that meets all of the
142 following criteria: (A) Is not a public well; (B) supplies a population of
143 less than twenty-five persons per day; and (C) is owned or controlled
144 through an easement or by the same entity that owns or controls the
145 building or parcel that is served by the water supply well;

146 (3) "Public well" means a water supply well that supplies a public
147 water system;

148 (4) ["Well for semipublic use"] "Semipublic well" means a water
149 supply well that (A) does not meet the definition of a private well or
150 public well, and (B) provides water for drinking and other domestic
151 purposes; and

152 (5) "Water supply well" means an artificial excavation constructed
153 by any method for the purpose of [~~getting~~] obtaining or providing
154 water for drinking or other domestic, industrial, commercial,
155 agricultural, recreational or irrigation use, or other outdoor water use.

156 (b) The Commissioner of Public Health may adopt regulations in the
157 Public Health Code for the preservation of the public health pertaining
158 to (1) protection and location of new water supply wells or springs for
159 residential or nonresidential construction or for public or semipublic
160 use, and (2) inspection for compliance with the provisions of municipal
161 regulations adopted pursuant to section 22a-354p.

162 (c) The Commissioner of Public Health shall adopt regulations, in
163 accordance with chapter 54, for the testing of water quality in private
164 residential wells and [wells for semipublic use] semipublic wells. Any
165 laboratory or firm which conducts a water quality test on a private
166 well serving a residential property or [well for semipublic use]
167 semipublic well shall, not later than thirty days after the completion of
168 such test, report the results of such test to (1) the public health
169 authority of the municipality where the property is located, and (2) the
170 Department of Public Health in a format specified by the department,
171 provided such report shall only be required if the party for whom the
172 laboratory or firm conducted such test informs the laboratory or firm
173 identified on the chain of custody documentation submitted with the
174 test samples that the test was conducted in connection with the sale of
175 such property. No regulation may require such a test to be conducted
176 as a consequence or a condition of the sale, exchange, transfer,
177 purchase or rental of the real property on which the private residential

178 well or [well for semipublic use] semipublic well is located.

179 (d) Prior to the sale, exchange, purchase, transfer or rental of real
180 property on which a residential well is located, the owner shall
181 provide the buyer or tenant notice that educational material
182 concerning private well testing is available on the Department of
183 Public Health web site. Failure to provide such notice shall not
184 invalidate any sale, exchange, purchase, transfer or rental of real
185 property. If the seller or landlord provides such notice in writing, the
186 seller or landlord and any real estate licensee shall be deemed to have
187 fully satisfied any duty to notify the buyer or tenant that the subject
188 real property is located in an area for which there are reasonable
189 grounds for testing under subsection (g) or (j) of this section.

190 (e) The Commissioner of Public Health shall adopt regulations, in
191 accordance with chapter 54, to clarify the criteria under which the
192 commissioner may issue a well permit exception and to describe the
193 terms and conditions that shall be imposed when a well is allowed at a
194 premises (1) that is connected to a public water supply system, or (2)
195 whose boundary is located within two hundred feet of an approved
196 community water supply system, measured along a street, alley or
197 easement. Such regulations shall (A) provide for notification of the
198 permit to the public water supplier, (B) address the quality of the
199 water supplied from the well, the means and extent to which the well
200 shall not be interconnected with the public water supply, the need for
201 a physical separation, and the installation of a reduced pressure device
202 for backflow prevention, the inspection and testing requirements of
203 any such reduced pressure device, and (C) identify the extent and
204 frequency of water quality testing required for the well supply.

205 (f) No regulation may require that a certificate of occupancy for a
206 dwelling unit on such residential property be withheld or revoked on
207 the basis of a water quality test performed on a private residential well
208 pursuant to this section, unless such test results indicate that any
209 maximum contaminant level applicable to public water supply
210 systems for any contaminant listed in the public health code has been

211 exceeded. No administrative agency, health district or municipal
212 health officer may withhold or cause to be withheld such a certificate
213 of occupancy except as provided in this section.

214 (g) The local director of health may require a private residential well
215 or [well for semipublic use] semipublic well to be tested for arsenic,
216 radium, uranium, radon or gross alpha emitters, when there are
217 reasonable grounds to suspect that such contaminants are present in
218 the groundwater. For purposes of this subsection, "reasonable
219 grounds" means (1) the existence of a geological area known to have
220 naturally occurring arsenic, radium, uranium, radon or gross alpha
221 emitter deposits in the bedrock; or (2) the well is located in an area in
222 which it is known that arsenic, radium, uranium, radon or gross alpha
223 emitters are present in the groundwater.

224 (h) Except as provided in subsection (i) of this section, the collection
225 of samples for determining the water quality of private residential
226 wells and [wells for semipublic use] semipublic wells may be made
227 only by (1) employees of a laboratory or firm certified or approved by
228 the Department of Public Health to test drinking water, if such
229 employees have been trained in sample collection techniques, (2)
230 certified water operators, (3) local health departments and state
231 employees trained in sample collection techniques, or (4) individuals
232 with training and experience that the Department of Public Health
233 deems sufficient.

234 (i) Any owner of a residential construction, including, but not
235 limited to, a homeowner, on which a private residential well is located
236 or any general contractor of a new residential construction on which a
237 private residential well is located may collect samples of well water for
238 submission to a laboratory or firm for the purposes of testing water
239 quality pursuant to this section, provided (1) such laboratory or firm
240 has provided instructions to said owner or general contractor on how
241 to collect such samples, and (2) such owner or general contractor is
242 identified to the subsequent owner on a form to be prescribed by the
243 Department of Public Health. No regulation may prohibit or impede

244 such collection or analysis.

245 (j) The local director of health may require private residential wells
246 and [wells for semipublic use] semipublic wells to be tested for
247 pesticides, herbicides or organic chemicals when there are reasonable
248 grounds to suspect that any such contaminants might be present in the
249 groundwater. For purposes of this subsection, "reasonable grounds"
250 means (1) the presence of nitrate-nitrogen in the groundwater at a
251 concentration greater than ten milligrams per liter, or (2) that the
252 private residential well or [well for semipublic use] semipublic well is
253 located on land, or in proximity to land, associated with the past or
254 present production, storage, use or disposal of organic chemicals as
255 identified in any public record.

256 (k) Any water transported in bulk by any means to a premises
257 currently supplied by a private well or [well for semipublic use]
258 semipublic well where the water is to be used for purposes of drinking
259 or domestic use shall be provided by a bulk water hauler licensed
260 pursuant to section 20-278h. No bulk water hauler shall deliver water
261 without first notifying the owner of the premises of such delivery. Bulk
262 water hauling to a premises currently supplied by a private well or
263 [well for semipublic use] semipublic well shall be permitted only as a
264 temporary measure to alleviate a water supply shortage."

265 Strike section 41 in its entirety and renumber the remaining sections
266 and internal references accordingly

267 After the last section, add the following and renumber sections and
268 internal references accordingly:

269 "Sec. 501. Section 19a-521e of the general statutes is repealed and the
270 following is substituted in lieu thereof (*Effective July 1, 2019*):

271 (a) As used in this section:

272 (1) "Nursing home" has the same meaning as provided in section 12-
273 263p; [and]

274 (2) "Behavioral health facility" has the same meaning as provided in
275 section 19a-490, as amended by this act; and

276 [(2)] (3) "Reportable event" means an event occurring at a nursing
277 home or behavioral health facility that is deemed by the department to
278 require the immediate notification of the department.

279 (b) [On or before January 1, 2019, the] The Department of Public
280 Health shall develop a system for nursing homes or behavioral health
281 facilities to electronically notify the department of a reportable event.

282 (c) [On and after January 1, 2019, nursing] Nursing homes and
283 behavioral health facilities shall report reportable events to the
284 department using the electronic reporting system developed pursuant
285 to subsection (b) of this section.

286 Sec. 502. Subsection (e) of section 19a-491 of the general statutes is
287 repealed and the following is substituted in lieu thereof (*Effective July*
288 *1, 2019*):

289 (e) The commissioner shall charge one thousand dollars for the
290 licensing and inspection [every three years] of outpatient clinics that
291 provide either medical or mental health service, urgent care services
292 and well-child clinical services, except those operated by a municipal
293 health [departments] department, health [districts] district or licensed
294 nonprofit nursing or community health [agencies] agency. Such
295 licensing and inspection shall be performed every three years, except
296 those outpatient clinics that have obtained accreditation from a
297 national accrediting organization within the immediately preceding
298 twelve-month period may be inspected by the commissioner once
299 every four years, provided the outpatient clinic has not committed any
300 violation that the commissioner determines would pose an immediate
301 threat to the health, safety or welfare of the patients of the outpatient
302 clinic. The provisions of this subsection shall not be construed to limit
303 the commissioner's authority to inspect any applicant for licensure or
304 renewal of licensure as an outpatient clinic, suspend or revoke any
305 license granted to an outpatient clinic pursuant to this section or take

306 any other legal action against an outpatient clinic that is authorized by
307 any provision of the general statutes.

308 Sec. 503. Subsection (a) of section 19a-112e of the general statutes, as
309 amended by section 2 of substitute senate bill 796 of the current
310 session, as amended by Senate Amendment Schedule "A", is repealed
311 and the following is substituted in lieu thereof (*Effective July 1, 2019*):

312 (a) As used in this section and sections 19a-112f and 19a-112g: [as
313 amended by this act:]

314 (1) "Emergency contraception" means one or more prescription
315 drugs used separately or in combination administered to or self-
316 administered by a patient to prevent pregnancy, within a medically
317 recommended amount of time after sexual intercourse and provided
318 for that purpose, in accordance with professional standards of practice,
319 and determined to be safe by the United States Food and Drug
320 Administration.

321 (2) "Emergency treatment" means any medical examination or
322 treatment provided in a licensed health care facility to a victim of
323 sexual assault following an alleged sexual assault.

324 (3) "Medically and factually accurate and objective" means verified
325 or supported by the weight of research conducted in compliance with
326 accepted scientific methods and published in peer-reviewed journals,
327 where applicable.

328 (4) "Victim of sexual assault" means any person who alleges or is
329 alleged to have suffered an injury as a result of a sexual offense.

330 (5) "Sexual offense" means a violation of subsection (a) of section
331 53a-70, section 53a-70a or 53a-70b, subsection (a) of section 53a-71,
332 section 53a-72a or 53a-72b, subdivision (2) of subsection (a) of section
333 53a-86, subdivision (2) of subsection (a) of section 53a-87 or section
334 53a-90a, 53a-196a or 53a-196b.

335 (6) "Independent provider" means a physician licensed under

chapter 370, a physician assistant licensed under chapter 370, an advanced practice registered nurse or registered nurse licensed under chapter 378, or a nurse-midwife licensed under chapter 377, all of whom are trained and certified pursuant to the certification process implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f [, as amended by this act,] to conduct a forensic exam in accordance with the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, published by the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations pursuant to section 19a-112a.

(7) "Sexual assault forensic examiner" means a physician or physician assistant licensed pursuant to chapter 370, a registered nurse or advanced practice registered nurse licensed pursuant to chapter 378 or nurse midwife licensed pursuant to chapter 377 who has successfully completed the certification process and met all continuing education and recertification requirements implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f. [, as amended by this act.]

(8) "Sexual assault nurse examiner" means a registered nurse or an advanced practice registered nurse licensed pursuant to chapter 378 who has provided care and treatment to a victim of sexual assault and collected evidence from said victim without successfully completing the training and certification process implemented by the Chief Court Administrator pursuant to subsection (c) of section 19a-112f.

[(8)] (9) "Health care facility" means (A) a hospital licensed under chapter 368v that has an emergency department, including any free-standing emergency department, or (B) an infirmary operated by The University of Connecticut at Storrs.

Sec. 504. Subsection (e) of section 19a-112e of the general statutes, as amended by section 2 of substitute senate bill 796 of the current session, as amended by Senate Amendment Schedule "A", is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

368 (e) No person shall use the title "sexual assault forensic examiner" or
369 "sexual assault nurse examiner", or any variant of such [title] titles,
370 without successfully completing the certification requirements
371 imposed by the Chief Court Administrator pursuant to subsection (c)
372 of section 19a-112f, [as amended by this act.]

373 Sec. 505. Subsection (a) of section 17a-450a of the general statutes is
374 repealed and the following is substituted in lieu thereof (*Effective July*
375 *1, 2019*):

376 (a) The Department of Mental Health and Addiction Services shall
377 constitute a successor department to the Department of Mental Health.
378 Whenever the words "Commissioner of Mental Health" are used or
379 referred to in the following general statutes, the words "Commissioner
380 of Mental Health and Addiction Services" shall be substituted in lieu
381 thereof and whenever the words "Department of Mental Health" are
382 used or referred to in the following general statutes, the words
383 "Department of Mental Health and Addiction Services" shall be
384 substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d,
385 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246,
386 17a-450, 17a-451, 17a-453, 17a-454, 17a-455, 17a-456, 17a-457, 17a-458,
387 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470,
388 17a-471, 17a-472, 17a-473, 17a-474, 17a-476, 17a-478, 17a-479, 17a-480,
389 17a-481, 17a-482, 17a-483, 17a-484, 17a-498, 17a-499, 17a-502, 17a-506,
390 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, 17a-528, 17a-560, 17a-561,
391 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222,
392 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a,
393 [19a-507c,] 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a,
394 31-222, 38a-514, 46a-28, 51-51o, 52-146h and 54-56d, as amended by this
395 act.

396 Sec. 506. Section 19a-175 of the general statutes is repealed and the
397 following is substituted in lieu thereof (*Effective July 1, 2019*):

398 As used in this chapter, unless the context otherwise requires:

399 (1) "Emergency medical service system" means a system which

400 provides for the arrangement of personnel, facilities and equipment for
401 the efficient, effective and coordinated delivery of health care services
402 under emergency conditions;

403 (2) "Patient" means an injured or ill person or a person with a
404 physical disability requiring assistance and transportation;

405 (3) "Ambulance" means a motor vehicle specifically designed to
406 carry patients;

407 (4) "Ambulance service" means an organization which transports
408 patients;

409 (5) "Emergency medical technician" means a person who is certified
410 pursuant to chapter 384d;

411 (6) "Ambulance driver" means a person whose primary function is
412 driving an ambulance;

413 (7) "Emergency medical services instructor" means a person who is
414 certified pursuant to chapter 384d;

415 (8) "Communications facility" means any facility housing the
416 personnel and equipment for handling the emergency communications
417 needs of a particular geographic area;

418 (9) "Life saving equipment" means equipment used by emergency
419 medical personnel for the stabilization and treatment of patients;

420 (10) "Emergency medical service organization" means any
421 corporation or organization whether public, private or voluntary that
422 offers transportation or treatment services to patients primarily under
423 emergency conditions;

424 (11) "Invalid coach" means a vehicle used exclusively for the
425 transportation of nonambulatory patients, who are not confined to
426 stretchers, to or from either a medical facility or the patient's home in
427 nonemergency situations or utilized in emergency situations as a

428 backup vehicle when insufficient emergency vehicles exist;

429 (12) "Rescue service" means any organization, whether for-profit or
430 nonprofit, whose primary purpose is to search for persons who have
431 become lost or to render emergency service to persons who are in
432 dangerous or perilous circumstances;

433 [(13) "Provider" means any person, corporation or organization,
434 whether profit or nonprofit, whose primary purpose is to deliver
435 medical care or services, including such related medical care services
436 as ambulance transportation;]

437 [(14)] (13) "Commissioner" means the Commissioner of Public
438 Health;

439 [(15)] (14) "Paramedic" means a person licensed pursuant to chapter
440 384d;

441 [(16)] (15) "Commercial ambulance service" means an ambulance
442 service which primarily operates for profit;

443 [(17)] (16) "Licensed ambulance service" means a commercial
444 ambulance service or a volunteer or municipal ambulance service
445 issued a license by the commissioner;

446 [(18)] (17) "Certified ambulance service" means a municipal,
447 volunteer or nonprofit ambulance service issued a certificate by the
448 commissioner;

449 [(19)] (18) "Automatic external defibrillator" means a device that: (A)
450 Is used to administer an electric shock through the chest wall to the
451 heart; (B) contains internal decision-making electronics,
452 microcomputers or special software that allows it to interpret
453 physiologic signals, make medical diagnosis and, if necessary, apply
454 therapy; (C) guides the user through the process of using the device by
455 audible or visual prompts; and (D) does not require the user to employ
456 any discretion or judgment in its use;

457 [(20)] (19) "Mutual aid call" means a call for emergency medical
458 services that, pursuant to the terms of a written agreement, is
459 responded to by a secondary or alternate emergency medical [services
460 provider] service organization if the primary or designated emergency
461 medical [services provider] service organization is unable to respond
462 because such primary or designated [provider] emergency medical
463 service organization is responding to another call for emergency
464 medical services or the ambulance or nontransport emergency vehicle
465 operated by such primary or designated [provider] emergency medical
466 service organization is out of service. For purposes of this subdivision,
467 "nontransport emergency vehicle" means a vehicle used by emergency
468 medical technicians or paramedics in responding to emergency calls
469 that is not used to carry patients;

470 [(21)] (20) "Municipality" means the legislative body of a
471 municipality or the board of selectmen in the case of a municipality in
472 which the legislative body is a town meeting;

473 [(22)] (21) "Primary service area" means a specific geographic area to
474 which one designated emergency medical [services provider] service
475 organization is assigned for each category of emergency medical
476 response services;

477 [(23)] (22) "Primary service area responder" means an emergency
478 medical [services provider] service organization who is designated to
479 respond to a victim of sudden illness or injury in a primary service
480 area;

481 [(24)] (23) "Interfacility critical care transport" means the interfacility
482 transport of a patient between licensed health care institutions;

483 [(25)] (24) "Advanced emergency medical technician" means an
484 individual who is certified as an advanced emergency medical
485 technician pursuant to chapter 384d;

486 [(26)] (25) "Emergency medical responder" means an individual who
487 is certified pursuant to chapter 384d;

488 [(27)] (26) "Medical oversight" means the active surveillance by
489 physicians of the provision of emergency medical services sufficient
490 for the assessment of overall emergency medical service practice levels,
491 as defined by state-wide protocols;

492 [(28)] (27) "Office of Emergency Medical Services" means the office
493 established within the Department of Public Health pursuant to
494 section 19a-178, as amended by this act;

495 [(29)] (28) "Sponsor hospital" means a hospital that has agreed to
496 maintain staff for the provision of medical oversight, supervision and
497 direction to an emergency medical service organization and its
498 personnel and has been approved for such activity by the Department
499 of Public Health;

500 [(30)] (29) "Paramedic intercept service" means paramedic treatment
501 services provided by an entity that does not provide the ground
502 ambulance transport; [and]

503 [(31)] (30) "Authorized emergency medical services vehicle" means
504 an ambulance, invalid coach or advanced emergency technician-
505 staffed intercept vehicle or a paramedic-staffed intercept vehicle
506 licensed or certified by the Department of Public Health for purposes
507 of providing emergency medical care to patients; [.] and

508 (31) "Emergency medical services personnel" means an individual
509 certified to practice as an emergency medical responder, emergency
510 medical technician, advanced emergency medical technician,
511 emergency medical services instructor or an individual licensed as a
512 paramedic.

513 Sec. 507. Subdivisions (6) to (8), inclusive, of section 19a-177 of the
514 general statutes are repealed and the following is substituted in lieu
515 thereof (*Effective July 1, 2019*):

516 (6) Establish such minimum standards and adopt such regulations
517 in accordance with the provisions of chapter 54, as may be necessary to

518 develop the following components of an emergency medical service
519 system: (A) Communications, which shall include, but not be limited
520 to, equipment, radio frequencies and operational procedures; (B)
521 transportation services, which shall include, but not be limited to,
522 vehicle type, design, condition and maintenance, and operational
523 procedures; (C) training, which shall include, but not be limited to,
524 emergency medical [technicians] services personnel, communications
525 personnel, paraprofessionals associated with emergency medical
526 services, firefighters and state and local police; and (D) emergency
527 medical service facilities, which shall include, but not be limited to,
528 categorization of emergency departments as to their treatment
529 capabilities and ancillary services;

530 (7) Coordinate training of all emergency medical services personnel;
531 [related to emergency medical services;]

532 (8) (A) Develop an emergency medical services data collection
533 system. Each emergency medical service organization licensed or
534 certified pursuant to this chapter [386d] shall submit data to the
535 commissioner, on a quarterly basis, from each licensed ambulance
536 service, certified ambulance service or paramedic intercept service that
537 provides emergency medical services. Such submitted data shall
538 include, but not be limited to: (i) The total number of calls for
539 emergency medical services received by such licensed ambulance
540 service, certified ambulance service or paramedic intercept service
541 through the 9-1-1 system during the reporting period; (ii) each level of
542 emergency medical services, as defined in regulations adopted
543 pursuant to section 19a-179, required for each such call; (iii) the
544 response time for each licensed ambulance service, certified ambulance
545 service or paramedic intercept service during the reporting period; (iv)
546 the number of passed calls, cancelled calls and mutual aid calls, both
547 made and received, during the reporting period; and (v) for the
548 reporting period, the prehospital data for the nonscheduled transport
549 of patients required by regulations adopted pursuant to subdivision
550 (6) of this section. The data required under this subdivision may be
551 submitted in any [written or] electronic form selected by such licensed

552 ambulance service, certified ambulance service or paramedic intercept
553 service and approved by the commissioner, provided the
554 commissioner shall take into consideration the needs of such licensed
555 ambulance service, certified ambulance service or paramedic intercept
556 service in approving such [written or] electronic form. The
557 commissioner may conduct an audit of any such licensed ambulance
558 service, certified ambulance service or paramedic intercept service as
559 the commissioner deems necessary in order to verify the accuracy of
560 such reported data.

561 (B) On or before December 31, 2018, and annually thereafter, the
562 commissioner shall prepare a report to the Emergency Medical
563 Services Advisory Board, established pursuant to section 19a-178a, as
564 amended by this act, that shall include, but not be limited to, the
565 following data: (i) The total number of calls for emergency medical
566 services received during the reporting year by each licensed
567 ambulance service, certified ambulance service or paramedic intercept
568 service; (ii) the level of emergency medical services required for each
569 such call; (iii) the name of the [provider of] emergency medical service
570 organization that provided each such level of emergency medical
571 services furnished during the reporting year; (iv) the response time, by
572 time ranges or fractile response times, for each licensed ambulance
573 service, certified ambulance service or paramedic intercept service,
574 using a common definition of response time, as provided in
575 regulations adopted pursuant to section 19a-179; and (v) the number of
576 passed calls, cancelled calls and mutual aid calls during the reporting
577 year. The commissioner shall prepare such report in a format that
578 categorizes such data for each municipality in which the emergency
579 medical services were provided, with each such municipality grouped
580 according to urban, suburban and rural classifications.

581 (C) If any licensed ambulance service, certified ambulance service or
582 paramedic intercept service does not submit the data required under
583 subparagraph (A) of this subdivision for a period of six consecutive
584 months, or if the commissioner believes that such licensed ambulance
585 service, certified ambulance service or paramedic intercept service

586 knowingly or intentionally submitted incomplete or false data, the
587 commissioner shall issue a written order directing such licensed
588 ambulance service, certified ambulance service or paramedic intercept
589 service to comply with the provisions of subparagraph (A) of this
590 subdivision and submit all missing data or such corrected data as the
591 commissioner may require. If such licensed ambulance service,
592 certified ambulance service or paramedic intercept service fails to fully
593 comply with such order not later than three months from the date such
594 order is issued, the commissioner (i) shall conduct a hearing, in
595 accordance with chapter 54, at which such licensed ambulance service,
596 certified ambulance service or paramedic intercept service shall be
597 required to show cause why the primary service area assignment of
598 such licensed ambulance service, certified ambulance service or
599 paramedic intercept service should not be revoked, and (ii) may take
600 such disciplinary action under section 19a-17 as the commissioner
601 deems appropriate.

602 (D) The commissioner shall collect the data required by
603 subparagraph (A) of this subdivision, in the manner provided in said
604 subparagraph, from each emergency medical service organization
605 licensed or certified pursuant to this chapter. Any such emergency
606 medical service organization that fails to comply with the provisions of
607 this section shall be liable for a civil penalty not to exceed one hundred
608 dollars per day for each failure to report the required data regarding
609 emergency medical services provided to a patient, as determined by
610 the commissioner. The civil penalties set forth in this subparagraph
611 shall be assessed only after the department provides a written notice of
612 deficiency and the organization is afforded the opportunity to respond
613 to such notice. An organization shall have not more than fifteen
614 business days after the date of receiving such notice to provide a
615 written response to the department. The commissioner may adopt
616 regulations, in accordance with chapter 54, concerning the
617 development, implementation, monitoring and collection of
618 emergency medical service system data. All state agencies licensed or
619 certified as emergency medical service organizations shall be exempt

620 from the civil penalties set forth in this subparagraph;

621 (E) The commissioner shall, with the recommendation of the
622 Connecticut Emergency Medical Services Advisory Board established
623 pursuant to section 19a-178a, as amended by this act, adopt for use in
624 trauma data collection the most recent version of the National Trauma
625 Data Bank's National Trauma Data Standards and Data Dictionary and
626 nationally recognized guidelines for field triage of injured patients.

627 Sec. 508. Subsection (b) of section 19a-178a of the general statutes is
628 repealed and the following is substituted in lieu thereof (*Effective July*
629 *1, 2019*):

630 (b) The advisory board shall consist of members appointed in
631 accordance with the provisions of this subsection and shall include the
632 Commissioner of Public Health, the department's emergency medical
633 services medical director and the president of each of the regional
634 emergency medical services councils, or their designees. The Governor
635 shall appoint the following members: (1) One person from the
636 Connecticut Association of Directors of Health; (2) three persons from
637 the Connecticut College of Emergency Physicians; (3) one person from
638 the Connecticut Committee on Trauma of the American College of
639 Surgeons; (4) one person from the Connecticut Medical Advisory
640 Committee; (5) one person from the Emergency Nurses Association; (6)
641 one person from the Connecticut Association of Emergency Medical
642 Services Instructors; (7) one person from the Connecticut Hospital
643 Association; (8) two persons representing commercial ambulance
644 [providers] services; (9) one person from the Connecticut State
645 Firefighters Association; (10) one person from the Connecticut Fire
646 Chiefs Association; (11) one person from the Connecticut Police Chiefs
647 Association; (12) one person from the Connecticut State Police; and (13)
648 one person from the Connecticut Commission on Fire Prevention and
649 Control. An additional eighteen members shall be appointed as
650 follows: (A) Three by the president pro tempore of the Senate; (B) three
651 by the majority leader of the Senate; (C) four by the minority leader of
652 the Senate; (D) three by the speaker of the House of Representatives;

653 (E) two by the majority leader of the House of Representatives; and (F)
654 three by the minority leader of the House of Representatives. The
655 appointees shall include a person with experience in municipal
656 ambulance services; a person with experience in for-profit ambulance
657 services; three persons with experience in volunteer ambulance
658 services; a paramedic; an emergency medical technician; an advanced
659 emergency medical technician; three consumers and four persons from
660 state-wide organizations with interests in emergency medical services
661 as well as any other areas of expertise that may be deemed necessary
662 for the proper functioning of the advisory board.

663 Sec. 509. Subsection (a) of section 19a-180 of the general statutes is
664 repealed and the following is substituted in lieu thereof (*Effective July*
665 *1, 2019*):

666 (a) No person shall operate any ambulance service, paramedic
667 intercept service or rescue service without either a license or a
668 certificate issued by the commissioner. No person shall operate a
669 commercial ambulance service or commercial rescue service without a
670 license issued by the commissioner. A certificate shall be issued to any
671 volunteer or municipal ambulance service or any ambulance service or
672 paramedic intercept service that is operated and maintained by a state
673 agency and that shows proof satisfactory to the commissioner that it
674 meets the minimum standards of the commissioner in the areas of
675 training, equipment and personnel. No license or certificate shall be
676 issued to any volunteer, municipal or commercial ambulance service,
677 paramedic intercept service or rescue service or any ambulance service
678 or paramedic intercept service that is operated and maintained by a
679 state agency, unless it meets the requirements of subsection (e) of
680 section 14-100a. Applicants for a license shall use the forms prescribed
681 by the commissioner and shall submit such application to the
682 commissioner accompanied by an annual fee of two hundred dollars.
683 In considering requests for approval of permits for new or expanded
684 emergency medical services in any region, the commissioner shall
685 consult with the Office of Emergency Medical Services and the
686 emergency medical services council of such region and shall hold a

687 public hearing to determine the necessity for such services. Written
688 notice of such hearing shall be given to current [providers] emergency
689 medical service organizations in the geographic region where such
690 new or expanded services would be implemented, provided, any
691 volunteer ambulance service which elects not to levy charges for
692 services rendered under this chapter shall be exempt from the
693 provisions concerning requests for approval of permits for new or
694 expanded emergency medical services set forth in this subsection. A
695 primary service area responder that operates in the service area
696 identified in the application shall, upon request, be granted intervenor
697 status with opportunity for cross-examination. Each applicant for
698 licensure shall furnish proof of financial responsibility which the
699 commissioner deems sufficient to satisfy any claim. The commissioner
700 may adopt regulations, in accordance with the provisions of chapter
701 54, to establish satisfactory kinds of coverage and limits of insurance
702 for each applicant for either licensure or certification. Until such
703 regulations are adopted, the following shall be the required limits for
704 licensure: (1) For damages by reason of personal injury to, or the death
705 of, one person on account of any accident, at least five hundred
706 thousand dollars, and more than one person on account of any
707 accident, at least one million dollars, (2) for damage to property at least
708 fifty thousand dollars, and (3) for malpractice in the care of one
709 passenger at least two hundred fifty thousand dollars, and for more
710 than one passenger at least five hundred thousand dollars. In lieu of
711 the limits set forth in subdivisions (1) to (3), inclusive, of this
712 subsection, a single limit of liability shall be allowed as follows: (A) For
713 damages by reason of personal injury to, or death of, one or more
714 persons and damage to property, at least one million dollars; and (B)
715 for malpractice in the care of one or more passengers, at least five
716 hundred thousand dollars. A certificate of such proof shall be filed
717 with the commissioner. Upon determination by the commissioner that
718 an applicant is financially responsible, properly certified and otherwise
719 qualified to operate a commercial ambulance service, paramedic
720 intercept service or rescue service, the commissioner shall issue the
721 appropriate license effective for one year to such applicant. If the

722 commissioner determines that an applicant for either a certificate or
723 license is not so qualified, the commissioner shall notify such applicant
724 of the denial of the application with a statement of the reasons for such
725 denial. Such applicant shall have thirty days to request a hearing on
726 the denial of the application.

727 Sec. 510. Subsections (i) to (l), inclusive, of section 19a-180 of the
728 general statutes are repealed and the following is substituted in lieu
729 thereof (*Effective July 1, 2019*):

730 (i) The commissioner shall develop a short form application for
731 primary service area responders seeking to add an emergency vehicle
732 to their existing fleets pursuant to subsection (h) of this section. The
733 application shall require an applicant to provide such information as
734 the commissioner deems necessary, including, but not limited to, (1)
735 the applicant's name and address, (2) the primary service area where
736 the additional vehicle is proposed to be used, (3) an explanation as to
737 why the additional vehicle is necessary and its proposed use, (4) proof
738 of insurance, (5) a list of the [providers] emergency medical service
739 organizations to whom notice was sent pursuant to subsection (h) of
740 this section and proof of such notification, and (6) total call volume,
741 response time and calls passed within the primary service area for the
742 one-year period preceding the date of the application.

743 (j) Notwithstanding the provisions of subsection (a) of this section,
744 any ambulance service or paramedic intercept service operated and
745 maintained by a state agency on or before October 1, 2014, that notifies
746 the Department of Public Health's Office of Emergency Medical
747 Services, in writing, not later than September 1, 2014, of such operation
748 and attests to the ambulance service or paramedic intercept service
749 being in compliance with all statutes and regulations concerning such
750 operation (1) shall be deemed certified by the Commissioner of Public
751 Health, or (2) shall be deemed licensed by the Commissioner of Public
752 Health if such ambulance service or paramedic intercept service levies
753 charges for emergency and nonemergency services.

754 (k) Notwithstanding the provisions of subsection (a) of this section,
755 any volunteer, hospital-based or municipal ambulance service that is
756 licensed or certified and a primary service area responder may apply
757 to the commissioner, on a short form application prescribed by the
758 commissioner, to change the address of a principal or branch location
759 or to add a branch location within its primary service area. Upon
760 making such application, the applicant shall notify in writing all other
761 primary service area responders in any municipality or abutting
762 municipality in which the applicant proposes to change principal or
763 branch locations. Unless a primary service area responder entitled to
764 receive notification of such application objects, in writing, to the
765 commissioner and requests a hearing on such application not later
766 than fifteen calendar days after receiving such notice, the application
767 shall be deemed approved thirty calendar days after filing. If any such
768 primary service area responder files an objection with the
769 commissioner within the fifteen-calendar-day time period and requests
770 a hearing, the applicant shall be required to demonstrate need to
771 change the address of a principal or branch location within its primary
772 service area at a public hearing as required under subsection (a) of this
773 section.

774 (l) (1) The commissioner shall develop a short form application
775 pursuant to subsection (k) of this section for primary service area
776 responders seeking to (A) change the address of a principal [or]
777 location or the branch location, [pursuant to subsection (k) of this
778 section.] or (B) to add a branch location. (2) The application shall
779 require an applicant to provide such information as the commissioner
780 deems necessary, including, but not limited to, [(1)] (A) the applicant's
781 name and address, [(2)] (B) the new address where the principal or
782 branch is to be located, [(3)] (C) an explanation as to why the principal
783 or branch location is being moved, (D) an explanation as to the need
784 for the addition of a branch location, and [(4)] (E) a list of the
785 [providers] emergency medical service organizations to whom notice
786 was sent pursuant to subsection (k) of this section and proof of such
787 notification.

788 Sec. 511. Subsections (a) and (b) of section 19a-180b of the general
789 statutes are repealed and the following is substituted in lieu thereof
790 (*Effective July 1, 2019*):

791 (a) For the purposes of this section, "supplemental first responder"
792 means an emergency medical [services provider] service organization
793 who holds a certificate of authorization by the Commissioner of Public
794 Health and responds to a victim of sudden illness or injury when
795 available and only when called upon, but does not offer transportation
796 to patients or operate an ambulance service or paramedic intercept
797 service, "emergency medical services personnel" means an individual
798 certified pursuant to chapter 384d to practice as an emergency medical
799 responder, emergency medical technician, advanced emergency
800 medical technician or emergency medical services instructor or an
801 individual licensed pursuant to chapter 384d as a paramedic, and
802 "patient", "ambulance service", ["provider"] "emergency medical
803 service organization", "paramedic intercept service" and "emergency
804 medical technician" have the same meanings as provided in section
805 19a-175, as amended by this act.

806 (b) Notwithstanding the provisions of subsection (a) of section 19a-
807 180, as amended by this act, the Commissioner of Public Health may
808 issue a certificate of authorization for a supplemental first responder to
809 an emergency medical [services provider] service organization who
810 operates only in a municipality with a population of at least one
811 hundred five thousand, but not more than one hundred fifteen
812 thousand, as determined by the most recent population estimate by the
813 Department of Public Health. A certificate of authorization shall be
814 issued to an emergency medical [services provider] service
815 organization that shows proof satisfactory to the commissioner that
816 such emergency medical [services provider] service organization (1)
817 meets the minimum standards of the commissioner in the areas of
818 training, equipment and emergency medical services personnel, and
819 (2) maintains liability insurance in an amount not less than one million
820 dollars. Applications for such certificate of authorization shall be made
821 in the form and manner prescribed by the commissioner. Upon

determination by the commissioner that an applicant is qualified to be a supplemental first responder, the commissioner shall issue a certificate of authorization effective for two years to such applicant. Such certificate of authorization shall be renewable biennially. If the commissioner determines that an applicant for such license is not so qualified, the commissioner shall provide such applicant with written notice of the denial of the application with a statement of the reasons for such denial. Such applicant shall have thirty days to request a hearing concerning the denial of the application. Any hearing conducted pursuant to this subsection shall be conducted in accordance with the provisions of chapter 54. If the commissioner's denial of a certificate of authorization is sustained after such hearing, an applicant may make new application not less than one year after the date on which such denial was sustained.

Sec. 512. Section 19a-180d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

[A provider] Emergency medical services personnel, as defined in section 19a-175, as amended by this act, who holds the highest classification of licensure or certification from the Department of Public Health under this chapter and chapter 384d shall be responsible for making decisions concerning patient care on the scene of an emergency medical call. If two or more [providers] emergency medical service organizations on such scene hold the same licensure or certification classification, the [provider] emergency medical service organization for the primary service area responder, as defined in said section, shall be responsible for making such decisions. If all [providers] emergency medicine services personnel on such scene are emergency medical technicians or emergency medical responders, as defined in said section, the emergency medical service organization providing transportation services shall be responsible for making such decisions. [A provider] An emergency medical service organization on the scene of an emergency medical call who has undertaken decision-making responsibility for patient care shall transfer patient care to a provider with a higher classification of licensure or certification upon

856 such provider's arrival on the scene. All [providers] emergency
857 medical services personnel with patient care responsibilities on the
858 scene shall ensure such transfer takes place in a timely and orderly
859 manner. For purposes of this section, the classification of licensure or
860 certification from highest to lowest is: Paramedic, advanced emergency
861 medical technician, emergency medical technician and emergency
862 medical responder. Nothing in this section shall be construed to limit
863 the authority of a fire chief or fire officer-in-charge under section 7-
864 313e to control and direct emergency activities at the scene of an
865 emergency.

866 Sec. 513. Subsection (a) of section 19a-181b of the general statutes is
867 repealed and the following is substituted in lieu thereof (*Effective July*
868 *1, 2019*):

869 (a) Each municipality shall establish a local emergency medical
870 services plan. Such plan shall include the written agreements or
871 contracts developed between the municipality, its emergency medical
872 [services providers] service organizations and the public safety
873 answering point, as defined in section 28-25, that covers the
874 municipality. The plan shall also include, but not be limited to, the
875 following:

876 (1) The identification of levels of emergency medical services,
877 including, but not limited to: (A) The public safety answering point
878 responsible for receiving emergency calls and notifying and assigning
879 the appropriate [provider] emergency medical service organization to
880 a call for emergency medical services; (B) the emergency medical
881 [services provider] service organization that is notified for initial
882 response; (C) basic ambulance service; (D) advanced life support level;
883 and (E) mutual aid call arrangements;

884 (2) The name of the person or entity responsible for carrying out
885 each level of emergency medical services that the plan identifies;

886 (3) The establishment of performance standards, including, but not
887 limited to, standards for responding to a certain percentage of initial

888 response notifications, response times, quality assurance and service
889 area coverage patterns, for each segment of the municipality's
890 emergency medical services system; and

891 (4) Any subcontracts, written agreements or mutual aid call
892 agreements that emergency medical [services providers] service
893 organizations may have with other entities to provide services
894 identified in the plan.

895 Sec. 514. Subsection (b) of section 19a-182 of the general statutes is
896 repealed and the following is substituted in lieu thereof (*Effective July*
897 *1, 2019*):

898 (b) Each emergency medical services council shall develop and
899 revise every five years a plan for the delivery of emergency medical
900 services in its area, using a format established by the Office of
901 Emergency Medical Services. Each council shall submit an annual
902 update for each regional plan to the Office of Emergency Medical
903 Services detailing accomplishments made toward plan
904 implementation. Such plan shall include an evaluation of the current
905 effectiveness of emergency medical services and detail the needs for
906 the future, and shall contain specific goals for the delivery of
907 emergency medical services within their respective geographic areas, a
908 time frame for achievement of such goals, cost data for the
909 development of such goals, and performance standards for the
910 evaluation of such goals. Special emphasis in such plan shall be placed
911 upon coordinating the existing services into a comprehensive system.
912 Such plan shall contain provisions for, but shall not be limited to, the
913 following: (1) Clearly defined geographic regions to be serviced by
914 each [provider] emergency medical service organization including
915 cooperative arrangements with other [providers] organizations,
916 personnel and backup services; (2) an adequate number of trained
917 personnel for staffing of ambulances, communications facilities and
918 hospital emergency rooms, with emphasis on former military
919 personnel trained in allied health fields; (3) a communications system
920 that includes a central dispatch center, two-way radio communication

921 between the ambulance and the receiving hospital and a universal
922 emergency telephone number; and (4) a public education program that
923 stresses the need for adequate training in basic lifesaving techniques
924 and cardiopulmonary resuscitation. Such plan shall be submitted to
925 the Commissioner of Public Health no later than June thirtieth each
926 year the plan is due.

927 Sec. 515. Section 19a-183 of the general statutes is repealed and the
928 following is substituted in lieu thereof (*Effective July 1, 2019*):

929 There shall be established an emergency medical services council in
930 each region. A region shall be composed of the towns so designated by
931 the commissioner. Opportunity for membership shall be available to
932 all appropriate representatives of emergency medical services
933 including, but not limited to, one representative from each of the
934 following: (1) Local governments; (2) fire and law enforcement
935 officials; (3) medical and nursing professions, including mental health,
936 paraprofessional and other allied health professionals; (4) [providers
937 of] emergency medical service organizations that provide ambulance
938 services, at least one of which shall be a member of a volunteer
939 ambulance association; (5) institutions of higher education; (6) federal
940 agencies involved in the delivery of health care; and (7) consumers. All
941 emergency medical services councils [, including those in existence on
942 July 1, 1974,] shall submit to the commissioner information concerning
943 the organizational structure and council bylaws for the commissioner's
944 approval. Such bylaws shall include the process by which each council
945 shall elect a president. The commissioner shall foster the development
946 of emergency medical services councils in each region.

947 Sec. 516. Subsection (c) of section 20-206kk of the general statutes is
948 repealed and the following is substituted in lieu thereof (*Effective July*
949 *1, 2019*):

950 (c) No license as a paramedic or certificate as an emergency medical
951 responder, emergency medical technician, advanced emergency
952 medical technician or emergency medical services instructor shall be

953 required of (1) a person performing services within the scope of
954 practice for which he or she is licensed or certified by any agency of
955 this state, or (2) a student, intern or trainee pursuing a course of study
956 in emergency medical services in an accredited institution of education
957 or within an emergency medical services program approved by the
958 commissioner, provided the activities that would otherwise require a
959 license or certificate as an emergency medical services [provider]
960 personnel are performed under supervision and constitute a part of a
961 supervised course of study.

962 Sec. 517. Section 20-206jj of the general statutes is repealed and the
963 following is substituted in lieu thereof (*Effective July 1, 2019*):

964 As used in this section and sections 20-206kk to 20-206oo, inclusive,
965 as amended by this act:

966 (1) "Advanced emergency medical technician" means an individual
967 who is certified as an advanced emergency medical technician by the
968 Department of Public Health;

969 (2) "Commissioner" means the Commissioner of Public Health;

970 (3) "Emergency medical services instructor" means a person who is
971 certified under the provisions of section 20-206ll or 20-206mm, as
972 amended by this act, by the Department of Public Health to teach
973 courses, the completion of which is required in order to become an
974 emergency medical technician;

975 (4) "Emergency medical responder" means an individual who is
976 certified to practice as an emergency medical responder under the
977 provisions of section 20-206ll or 20-206mm, as amended by this act;

978 (5) "Emergency medical services personnel" means an individual
979 certified to practice as an emergency medical responder, emergency
980 medical technician, advanced emergency medical technician,
981 emergency medical services instructor or an individual licensed as a
982 paramedic;

983 (6) "Emergency medical technician" means a person who is certified
984 to practice as an emergency medical technician under the provisions of
985 section 20-206ll or 20-206mm, as amended by this act;

986 (7) "National organization for emergency medical certification"
987 means a national organization approved by the Department of Public
988 Health and identified on the department's Internet web site, or such
989 national organization's successor organization, that tests and provides
990 certification to emergency medical responders, emergency medical
991 technicians, advanced medical technicians and paramedics;

992 ~~[(7)]~~ (8) "Office of Emergency Medical Services" means the office
993 established within the Department of Public Health pursuant to
994 section 19a-178, as amended by this act;

995 ~~[(8)]~~ (9) "Paramedicine" means the carrying out of (A) all phases of
996 cardiopulmonary resuscitation and defibrillation, (B) the
997 administration of drugs and intravenous solutions under written or
998 oral authorization from a licensed physician or a licensed advanced
999 practice registered nurse, and (C) the administration of controlled
1000 substances, as defined in section 21a-240, in accordance with written
1001 protocols or standing orders of a licensed physician or a licensed
1002 advanced practice registered nurse; ~~[and]~~

1003 ~~[(9)]~~ (10) "Paramedic" means a person licensed to practice as a
1004 paramedic under the provisions of section 20-206ll; ~~[.]~~ and

1005 (11) "Continuing education platform Internet web site" means an
1006 online database, approved by the Commissioner of Public Health, for
1007 emergency medical services personnel to enter, track and reconcile the
1008 hours and topics of continuing education completed by such
1009 personnel.

1010 Sec. 518. Section 20-206mm of the general statutes is repealed and
1011 the following is substituted in lieu thereof (*Effective July 1, 2019*):

1012 (a) Except as provided in subsections (b) and (c) of this section, an

1013 applicant for a license as a paramedic shall submit evidence
1014 satisfactory to the Commissioner of Public Health that the applicant
1015 has successfully (1) completed a paramedic training program
1016 approved by the commissioner, and (2) passed an examination
1017 prescribed by the commissioner.

1018 (b) An applicant for licensure by endorsement shall present
1019 evidence satisfactory to the commissioner that the applicant (1) is
1020 licensed or certified as a paramedic in another state or jurisdiction
1021 whose requirements for practicing in such capacity are substantially
1022 similar to or higher than those of this state and that the applicant has
1023 no pending disciplinary action or unresolved complaint against him or
1024 her, or (2) (A) is currently licensed or certified as a paramedic in good
1025 standing in any New England state, New York or New Jersey, (B) has
1026 completed an initial training program consistent with the National
1027 Emergency Medical Services Education Standards, as promulgated by
1028 the National Highway Traffic Safety Administration for the paramedic
1029 scope of practice model conducted by an organization offering a
1030 program that is recognized by the national emergency medical services
1031 program accrediting organization, and (C) has no pending disciplinary
1032 action or unresolved complaint against him or her.

1033 (c) Any person who is certified as an emergency medical technician-
1034 paramedic by the Department of Public Health on October 1, 1997,
1035 shall be deemed a licensed paramedic. Any person so deemed shall
1036 renew his license pursuant to section 19a-88, as amended by this act,
1037 for a fee of one hundred [fifty] fifty-five dollars.

1038 (d) [The commissioner may issue an emergency medical technician
1039 certificate,] On or after January 1, 2020, each person seeking
1040 certification as an emergency medical responder, [certificate]
1041 emergency medical technician or advanced emergency medical
1042 technician [certificate to an applicant who presents] shall apply to the
1043 department on forms prescribed by the commissioner. Applicants for
1044 certification shall comply with the following requirements: (1) For
1045 initial certification, an applicant shall present evidence satisfactory to

1046 the commissioner that the applicant [(1) is currently certified as an
1047 emergency medical technician, emergency medical responder, or
1048 advanced emergency medical technician in good standing in any New
1049 England state, New York or New Jersey, (2)] (A) has completed an
1050 initial training program consistent with the National Emergency
1051 Medical Services Education Standards, as promulgated by the National
1052 Highway Traffic Safety Administration for the [emergency medical
1053 technician,] emergency medical responder, emergency medical
1054 technician or advanced emergency medical technician curriculum, [or
1055 advanced emergency medical technician, and (3) has no pending
1056 disciplinary action or unresolved complaint against him or her] (B) has
1057 passed the examination administered by the national organization for
1058 emergency medical certification for an emergency medical responder,
1059 emergency medical technician or advanced emergency medical
1060 technician as necessary for the type of certification sought by the
1061 applicant or an examination approved by the department, and (C) has
1062 no pending disciplinary action or unresolved complaints against such
1063 applicant, (2) a certificate issued under this subsection shall be
1064 renewed once every two years in accordance with the provisions of
1065 section 19a-88, as amended by this act, upon presentation of evidence
1066 satisfactory to the commissioner that the applicant (A) has successfully
1067 completed continuing education for an emergency medical responder,
1068 emergency medical technician or advanced emergency medical
1069 technician as required by the national organization for emergency
1070 medical certification or as approved by the department, or (B) presents
1071 a current certification as an emergency medical responder, emergency
1072 medical technician or advanced emergency medical technician from
1073 the national organization for emergency medical certification, or (3) for
1074 certification by endorsement from another state, an applicant shall
1075 present evidence satisfactory to the commissioner that the applicant
1076 (A) is currently certified as an emergency medical responder,
1077 emergency medical technician or advanced emergency medical
1078 technician in good standing by a state that maintains certification or
1079 licensing requirements that the commissioner determines are equal to
1080 or greater than those in this state, or (B) holds a current certification as

1081 an emergency medical responder, emergency medical technician or
1082 advanced emergency medical technician from the national
1083 organization for emergency medical certification.

1084 [(e) An emergency medical responder, emergency medical
1085 technician, advanced emergency medical technician or emergency
1086 medical services instructor shall be recertified every three years. For
1087 the purpose of maintaining an acceptable level of proficiency, each
1088 emergency medical technician who is recertified for a three-year
1089 period shall complete thirty hours of refresher training approved by
1090 the commissioner or meet such other requirements as may be
1091 prescribed by the commissioner. The refresher training or other
1092 requirements shall include, but not be limited to, training in
1093 Alzheimer's disease and dementia symptoms and care.]

1094 (e) On or after January 1, 2020, each person seeking certification as
1095 an emergency medical services instructor shall apply to the
1096 department on forms prescribed by the commissioner. Applicants for
1097 certification shall comply with the following requirements: (1) For
1098 initial certification, an applicant shall present evidence satisfactory to
1099 the commissioner that the applicant (A) is currently certified by the
1100 department as an emergency medical technician or advanced
1101 emergency medical technician or licensed by the department as a
1102 paramedic, (B) has completed a program of training as an emergency
1103 medical instructor based on current national education standards
1104 within the prior two years, (C) has completed twenty-five hours of
1105 teaching activity under the supervision of a currently certified
1106 emergency medical services instructor, (D) has completed written and
1107 practical examinations as prescribed by the commissioner, (E) has no
1108 pending disciplinary action or unresolved complaints against the
1109 applicant, and (F) effective on a date prescribed by the commissioner,
1110 presents documentation satisfactory to the commissioner that the
1111 applicant is currently certified as an emergency medical technician,
1112 advanced emergency medical technician or paramedic by the national
1113 organization for emergency medical certification, or (2) for renewal
1114 certification, an applicant shall present evidence satisfactory to the

1115 commissioner that the applicant (A) has successfully completed
1116 continuing education and teaching activity as required by the
1117 department, (B) maintains current certification by the department as an
1118 emergency medical technician, advanced emergency medical
1119 technician or licensure by the department as a paramedic, and (C)
1120 effective on a date as prescribed by the commissioner, presents
1121 documentation satisfactory to the commissioner that the applicant is
1122 currently certified as an emergency medical technician, advanced
1123 emergency medical technician or paramedic by the national
1124 organization for emergency medical certification.

1125 (f) A certified emergency medical responder, emergency medical
1126 technician, advanced emergency medical technician or emergency
1127 medical services instructor shall document the completion of his or her
1128 continuing educational requirements through the continuing
1129 education platform Internet web site. A certified emergency medical
1130 responder, emergency medical technician, advanced emergency
1131 medical technician or emergency medical services instructor who is
1132 not engaged in active professional practice in any form during a
1133 certification period shall be exempt from the continuing education
1134 requirements of this section, provided the emergency medical
1135 responder, emergency medical technician, advanced emergency
1136 medical technician or emergency medical services instructor submits
1137 to the department, prior to the expiration of the certification period, an
1138 application for inactive status on a form prescribed by the department
1139 and such other documentation as may be required by the department.
1140 The application for inactive status pursuant to this subsection shall
1141 contain a statement that the emergency medical responder, emergency
1142 medical technician, advanced emergency medical technician or
1143 emergency medical services instructor may not engage in professional
1144 practice until the continuing education requirements of this section
1145 have been met.

1146 [(f)] (g) The commissioner may issue a temporary emergency
1147 medical technician certificate to an applicant who presents evidence
1148 satisfactory to the commissioner that (1) the applicant was certified by

1149 the department as an emergency medical technician prior to becoming
1150 licensed as a paramedic pursuant to section 20-206ll, or (2) the
1151 applicant's certification as an emergency medical technician has
1152 expired and the applicant's license as a paramedic has become void
1153 pursuant to section 19a-88, as amended by this act. Such temporary
1154 certificate shall be valid for a period not to exceed one year and shall
1155 not be renewable.

1156 [(g)] (h) An applicant who is issued a temporary emergency medical
1157 technician certificate pursuant to subsection [(f)] (g) of this section
1158 may, prior to the expiration of such temporary certificate, apply to the
1159 department for: (1) Renewal of such person's paramedic license, giving
1160 such person's name in full, such person's residence and business
1161 address and such other information as the department requests,
1162 provided the application for license renewal is accompanied by
1163 evidence satisfactory to the commissioner that the applicant was under
1164 the medical oversight of a sponsor hospital, as those terms are defined
1165 in section 19a-175, as amended by this act, on the date the applicant's
1166 paramedic license became void for nonrenewal; or (2) recertification as
1167 an emergency medical technician, provided the application for
1168 recertification is accompanied by evidence satisfactory to the
1169 commissioner that the applicant completed emergency medical
1170 technician refresher training approved by the commissioner not later
1171 than one year after issuance of the temporary emergency medical
1172 technician certificate. The department shall recertify such person as an
1173 emergency medical technician without the examination required for
1174 initial certification specified in regulations adopted by the
1175 commissioner pursuant to section 20-206oo.

1176 [(h)] (i) The commissioner may issue an emergency medical responder,
1177 emergency medical technician or advanced emergency medical
1178 technician certificate to an applicant for certification by endorsement
1179 who presents evidence satisfactory to the commissioner that the
1180 applicant (1) is currently certified as an emergency medical responder,
1181 emergency medical technician or advanced emergency medical
1182 technician in good standing by a state that maintains licensing

1183 requirements that the commissioner determines are equal to, or greater
1184 than, those in this state, (2) has completed an initial department-
1185 approved emergency medical responder, emergency medical
1186 technician or advanced emergency medical technician training
1187 program that includes written and practical examinations at the
1188 completion of the course, or a program outside the state that adheres
1189 to national education standards for the emergency medical responder,
1190 emergency medical technician or advanced emergency medical
1191 technician scope of practice and that includes an examination, and (3)
1192 has no pending disciplinary action or unresolved complaint against
1193 him or her.

1194 (i) The commissioner may issue an emergency medical service
1195 instructor certificate to an applicant who presents (1) evidence
1196 satisfactory to the commissioner that the applicant is currently certified
1197 as an emergency medical technician in good standing, (2)
1198 documentation satisfactory to the commissioner, with reference to
1199 national education standards, regarding qualifications as an
1200 emergency medical service instructor, (3) a letter of endorsement
1201 signed by two instructors holding current emergency medical service
1202 instructor certification, (4) documentation of having completed written
1203 and practical examinations as prescribed by the commissioner, and (5)
1204 evidence satisfactory to the commissioner that the applicant has no
1205 pending disciplinary action or unresolved complaints against him or
1206 her.]

1207 [(j)] (i) Any person certified as an emergency medical responder,
1208 emergency medical technician, advanced emergency medical
1209 technician or emergency medical services instructor pursuant to this
1210 chapter and the regulations adopted pursuant to section 20-206oo
1211 whose certification has expired may apply to the Department of Public
1212 Health for reinstatement of such certification [as follows: (1) If such
1213 certification expired one year or less from the date of the application
1214 for reinstatement,] provided such person [shall complete] completes
1215 the requirements for [recertification] renewal certification specified in
1216 [regulations adopted pursuant to section 20-206oo; (2) if such

1217 recertification expired more than one year but less than three years
1218 from the date of application for reinstatement, such person shall
1219 complete the training required for recertification and the examination
1220 required for initial certification specified in regulations adopted
1221 pursuant to section 20-206oo; or (3) if such certification expired three
1222 or more years from the date of application for reinstatement, such
1223 person shall complete the requirements for initial certification set forth
1224 in] this section. Any certificate issued pursuant to this section shall
1225 remain valid for ninety days after the expiration date of such certificate
1226 and become void upon the expiration of such ninety-day period.

1227 [(k)] (j) The Commissioner of Public Health shall issue an
1228 emergency medical technician certification to an applicant who is a
1229 member of the armed forces or the National Guard or a veteran and
1230 who (1) presents evidence satisfactory to the commissioner that such
1231 applicant holds a current certification as a person entitled to perform
1232 similar services under a different designation by the National Registry
1233 of Emergency Medical Technicians, or (2) satisfies the regulations
1234 promulgated pursuant to subdivision [(4)] (3) of subsection (a) of
1235 section 19a-179. Such applicant shall be exempt from any written or
1236 practical examination requirement for certification.

1237 [(l)] (k) For the purposes of this section, "veteran" means any person
1238 who was discharged or released under conditions other than
1239 dishonorable from active service in the armed forces and "armed
1240 forces" has the same meaning as provided in section 27-103.

1241 Sec. 519. Section 20-195ff of the general statutes is repealed and the
1242 following is substituted in lieu thereof (*Effective July 1, 2019*):

1243 The Commissioner of Public Health may adopt regulations, in
1244 accordance with the provisions of chapter 54, to further the purposes
1245 of subdivision (18) of subsection (c) of section 19a-14, subsection (e) of
1246 section 19a-88, as amended by this act, subdivision [(15)] (14) of section
1247 19a-175, as amended by this act, subsection (b) of section 20-9, sections
1248 20-195aa to 20-195ff, inclusive, and sections 20-206jj to 20-206oo,

1249 inclusive, as amended by this act.

1250 Sec. 520. Subdivision (14) of section 20-9 of the general statutes is
1251 repealed and the following is substituted in lieu thereof (*Effective July*
1252 *1, 2019*):

1253 (14) Any person rendering service as a physician assistant licensed
1254 pursuant to section 20-12b, a registered nurse, a licensed practical
1255 nurse or a paramedic, as defined in subdivision [(15)] (14) of section
1256 19a-175, as amended by this act, acting within the scope of regulations
1257 adopted pursuant to section 19a-179, if such service is rendered under
1258 the supervision, control and responsibility of a licensed physician;

1259 Sec. 521. Subdivisions (1) and (2) of subsection (e) of section 19a-88
1260 of the general statutes are repealed and the following is substituted in
1261 lieu thereof (*Effective July 1, 2019*):

1262 (e) (1) Each person holding a license or certificate issued under
1263 section 19a-514, 20-65k, 20-74s, 20-185k, 20-185l, 20-195cc or 20-206ll
1264 and chapters 370 to 373, inclusive, 375, 378 to 381a, inclusive, 383 to
1265 383c, inclusive, 384, 384a, 384b, [384d,] 385, 393a, 395, 399 or 400a and
1266 section 20-206n or 20-206o shall, annually, during the month of such
1267 person's birth, apply for renewal of such license or certificate to the
1268 Department of Public Health, giving such person's name in full, such
1269 person's residence and business address and such other information as
1270 the department requests.

1271 (2) Each person holding a license or certificate issued under section
1272 19a-514, section 20-266o and chapters 384a, 384c, 384d, 386, 387, 388
1273 and 398 shall apply for renewal of such license or certificate once every
1274 two years, during the month of such person's birth, giving such
1275 person's name in full, such person's residence and business address
1276 and such other information as the department requests.

1277 Sec. 522. Section 20-67 of the general statutes is repealed and the
1278 following is substituted in lieu thereof (*Effective July 1, 2019*):

1279 The Connecticut State Board of Examiners for Physical Therapists
1280 shall consist of [one physician, two] three physical therapists and two
1281 public members, appointed by the Governor, subject to the provisions
1282 of section 4-9a. The Governor may appoint the physical therapist
1283 members of said board from a list of [two] three names submitted by
1284 the Connecticut chapter of the American Physical Therapy Association,
1285 [and may appoint the physician member from a name submitted by
1286 the Connecticut State Medical Society.] Vacancies in said board shall be
1287 filled by the Governor for the unexpired portion of the term. All
1288 appointments shall be subject to the provisions of section 4-10. No
1289 member shall serve more than two consecutive full terms, commencing
1290 on and after July 1, 1981.

1291 Sec. 523. Subsection (a) of section 1 of substitute senate bill 706 of
1292 the current session, as amended by Senate Amendment Schedule "A",
1293 is repealed and the following is substituted in lieu thereof (*Effective*
1294 *from passage*):

1295 (a) As used in this section and sections 2 and 3 of this act:

1296 (1) "Epinephrine cartridge injector" means an automatic prefilled
1297 cartridge injector or similar automatic injectable equipment used to
1298 deliver epinephrine in a standard dose for an emergency first aid
1299 response to allergic reactions;

1300 (2) "Person with training" means a person who (A) (i) has completed
1301 a course in first aid that includes training in recognizing the signs and
1302 symptoms of anaphylaxis, administering epinephrine and following
1303 emergency protocol, approved by a prescribing practitioner pursuant
1304 to a medical protocol established in accordance with subsection (b) of
1305 this section, which course may be offered by the American Red Cross,
1306 the American Heart Association, the National Ski Patrol, the
1307 Department of Public Health or any director of health, and (ii) is
1308 certified by said organizations, department or director of health
1309 offering the course, or (B) who has received training in the recognition
1310 of the signs and symptoms of anaphylaxis, the use of an epinephrine

1311 cartridge injector and emergency protocol by a licensed physician,
1312 physician assistant, advanced practice registered nurse or emergency
1313 medical services personnel;

1314 (3) "Documentation evidencing training" includes a certificate
1315 issued by the American Red Cross, the American Heart Association,
1316 the National Ski Patrol, the Department of Public Health or any
1317 director of health or a written statement of acknowledgment of
1318 training signed by a licensed physician, physician assistant, advanced
1319 practice registered nurse or emergency medical services personnel;
1320 and

1321 (4) "Authorized entity" means any for-profit or nonprofit entity or
1322 organization that employs at least one person with training.
1323 "Authorized entity" does not include the state or any political
1324 subdivision thereof authorized to purchase epinephrine pursuant to
1325 subsection (h) of section 21a-70 of the general statutes, a local or
1326 regional board of education required to maintain epinephrine
1327 cartridge injectors pursuant to subdivision (2) of subsection (d) of
1328 section 10-212a of the general statutes or a licensed or a certified
1329 ambulance service required to be equipped with epinephrine cartridge
1330 injectors pursuant to subsection (b) of section 19a-197a of the general
1331 statutes.

1332 Sec. 524. Section 19a-175 of the general statutes is repealed and the
1333 following is substituted in lieu thereof (*Effective July 1, 2019*):

1334 As used in this chapter, section 526 of this act and sections 19a-177,
1335 19a-180, 19a-193a and 19a-906, as amended by this act, unless the
1336 context otherwise requires:

1337 (1) "Emergency medical service system" means a system which
1338 provides for (A) the arrangement of personnel, facilities and
1339 equipment for the efficient, effective and coordinated delivery of
1340 health care services under emergency conditions, and (B) mobile
1341 integrated health care;

- 1342 (2) "Patient" means an injured or ill person or a person with a
1343 physical disability requiring assistance and transportation;
- 1344 (3) "Ambulance" means a motor vehicle specifically designed to
1345 carry patients;
- 1346 (4) "Ambulance service" means an organization which transports
1347 patients;
- 1348 (5) "Emergency medical technician" means a person who is certified
1349 pursuant to chapter 384d;
- 1350 (6) "Ambulance driver" means a person whose primary function is
1351 driving an ambulance;
- 1352 (7) "Emergency medical services instructor" means a person who is
1353 certified pursuant to chapter 384d;
- 1354 (8) "Communications facility" means any facility housing the
1355 personnel and equipment for handling the emergency communications
1356 needs of a particular geographic area;
- 1357 (9) "Life saving equipment" means equipment used by emergency
1358 medical personnel for the stabilization and treatment of patients;
- 1359 (10) "Emergency medical service organization" means any
1360 corporation or organization whether public, private or voluntary that
1361 (A) is licensed or certified by the Department of Public Health's Office
1362 of Emergency Medical Services, and (B) offers ambulance
1363 transportation or treatment services to patients primarily under
1364 emergency conditions or a mobile integrated health care program;
- 1365 (11) "Invalid coach" means a vehicle used exclusively for the
1366 transportation of nonambulatory patients, who are not confined to
1367 stretchers, to or from either a medical facility or the patient's home in
1368 nonemergency situations or utilized in emergency situations as a
1369 backup vehicle when insufficient emergency vehicles exist;

1370 (12) "Rescue service" means any organization, whether for-profit or
1371 nonprofit, whose primary purpose is to search for persons who have
1372 become lost or to render emergency service to persons who are in
1373 dangerous or perilous circumstances;

1374 (13) "Provider" means any person, corporation or organization,
1375 whether profit or nonprofit, whose primary purpose is to deliver
1376 medical care or services, including such related medical care services
1377 as ambulance transportation;

1378 (14) "Commissioner" means the Commissioner of Public Health;

1379 (15) "Paramedic" means a person licensed pursuant to chapter 384d;

1380 (16) "Commercial ambulance service" means an ambulance service
1381 which primarily operates for profit;

1382 (17) "Licensed ambulance service" means a commercial ambulance
1383 service or a volunteer or municipal ambulance service issued a license
1384 by the commissioner;

1385 (18) "Certified ambulance service" means a municipal, volunteer or
1386 nonprofit ambulance service issued a certificate by the commissioner;

1387 (19) "Automatic external defibrillator" means a device that: (A) Is
1388 used to administer an electric shock through the chest wall to the heart;
1389 (B) contains internal decision-making electronics, microcomputers or
1390 special software that allows it to interpret physiologic signals, make
1391 medical diagnosis and, if necessary, apply therapy; (C) guides the user
1392 through the process of using the device by audible or visual prompts;
1393 and (D) does not require the user to employ any discretion or
1394 judgment in its use;

1395 (20) "Mutual aid call" means a call for emergency medical services
1396 that, pursuant to the terms of a written agreement, is responded to by a
1397 secondary or alternate emergency medical services provider if the
1398 primary or designated emergency medical services provider is unable
1399 to respond because such primary or designated provider is responding

1400 to another call for emergency medical services or the ambulance or
1401 nontransport emergency vehicle operated by such primary or
1402 designated provider is out of service. For purposes of this subdivision,
1403 "nontransport emergency vehicle" means a vehicle used by emergency
1404 medical technicians or paramedics in responding to emergency calls
1405 that is not used to carry patients;

1406 (21) "Municipality" means the legislative body of a municipality or
1407 the board of selectmen in the case of a municipality in which the
1408 legislative body is a town meeting;

1409 (22) "Primary service area" means a specific geographic area to
1410 which one designated emergency medical services provider is
1411 assigned for each category of emergency medical response services;

1412 (23) "Primary service area responder" means an emergency medical
1413 services provider who is designated to respond to a victim of sudden
1414 illness or injury in a primary service area;

1415 (24) "Interfacility critical care transport" means the interfacility
1416 transport of a patient between licensed health care institutions;

1417 (25) "Advanced emergency medical technician" means an individual
1418 who is certified as an advanced emergency medical technician
1419 pursuant to chapter 384d;

1420 (26) "Emergency medical responder" means an individual who is
1421 certified pursuant to chapter 384d;

1422 (27) "Medical oversight" means the active surveillance by physicians
1423 of the provision of emergency medical services sufficient for the
1424 assessment of overall emergency medical service practice levels, as
1425 defined by state-wide protocols;

1426 (28) "Office of Emergency Medical Services" means the office
1427 established within the Department of Public Health pursuant to
1428 section 19a-178;

1429 (29) "Sponsor hospital" means a hospital that has agreed to maintain
1430 staff for the provision of medical oversight, supervision and direction
1431 to an emergency medical service organization and its personnel and
1432 has been approved for such activity by the Department of Public
1433 Health;

1434 (30) "Paramedic intercept service" means paramedic treatment
1435 services provided by an entity that does not provide the ground
1436 ambulance transport; [and]

1437 (31) "Authorized emergency medical services vehicle" means an
1438 ambulance, invalid coach or advanced emergency technician-staffed
1439 intercept vehicle or a paramedic-staffed intercept vehicle licensed or
1440 certified by the Department of Public Health for purposes of providing
1441 emergency medical care to patients; [.]

1442 (32) "Mobile integrated health care program" means a program
1443 approved by the commissioner in which a licensed or certified
1444 ambulance service or paramedic intercept service provides services,
1445 including clinically appropriate medical evaluations, treatment,
1446 transport or referrals to other health care providers under
1447 nonemergency conditions by a paramedic acting within the scope of
1448 his or her practice as part of an emergency medical services
1449 organization within the emergency medical services system; and

1450 (33) "Alternate destination" means a destination other than an
1451 emergency department that is a medically appropriate facility.

1452 Sec. 525. Section 19a-177 of the general statutes is repealed and the
1453 following is substituted in lieu thereof (*Effective July 1, 2019*):

1454 The commissioner shall:

1455 (1) With the advice of the Office of Emergency Medical Services
1456 established pursuant to section 19a-178 and of an advisory committee
1457 on emergency medical services and with the benefit of meetings held
1458 pursuant to subsection (b) of section 19a-184, adopt every five years a

1459 state-wide plan for the coordinated delivery of emergency medical
1460 services;

1461 (2) License or certify the following: (A) Ambulance operations,
1462 ambulance drivers, emergency medical services personnel and
1463 communications personnel; (B) emergency room facilities and
1464 communications facilities; and (C) transportation equipment, including
1465 land, sea and air vehicles used for transportation of patients to
1466 emergency facilities and periodically inspect life saving equipment,
1467 emergency facilities and emergency transportation vehicles to ensure
1468 state standards are maintained;

1469 (3) Annually inventory emergency medical services resources
1470 within the state, including facilities, equipment, and personnel, for the
1471 purposes of determining the need for additional services and the
1472 effectiveness of existing services;

1473 (4) Review and evaluate all area-wide plans developed by the
1474 emergency medical services councils pursuant to section 19a-182 in
1475 order to insure conformity with standards issued by the commissioner;

1476 (5) Not later than thirty days after their receipt, review all grant and
1477 contract applications for federal or state funds concerning emergency
1478 medical services or related activities for conformity to policy
1479 guidelines and forward such application to the appropriate agency,
1480 when required;

1481 (6) Establish such minimum standards and adopt such regulations
1482 in accordance with the provisions of chapter 54, as may be necessary to
1483 develop the following components of an emergency medical service
1484 system: (A) Communications, which shall include, but not be limited
1485 to, equipment, radio frequencies and operational procedures; (B)
1486 transportation services, which shall include, but not be limited to,
1487 vehicle type, design, condition and maintenance, and operational
1488 procedures; (C) training, which shall include, but not be limited to,
1489 emergency medical technicians, communications personnel,
1490 paraprofessionals associated with emergency medical services,

1491 firefighters and state and local police; [and] (D) emergency medical
1492 service facilities, which shall include, but not be limited to,
1493 categorization of emergency departments as to their treatment
1494 capabilities and ancillary services; and (E) mobile integrated health
1495 care programs, which shall include, but not be limited to, the
1496 standards to ensure the health, safety and welfare of the patients being
1497 served by such programs and data collection and reporting
1498 requirements to ensure and measure quality outcomes of such
1499 programs;

1500 (7) Coordinate training of all personnel related to emergency
1501 medical services;

1502 (8) (A) Develop an emergency medical services data collection
1503 system. Each emergency medical service organization licensed or
1504 certified pursuant to chapter 386d shall submit data to the
1505 commissioner, on a quarterly basis, from each licensed ambulance
1506 service, certified ambulance service or paramedic intercept service that
1507 provides emergency medical services. Such submitted data shall
1508 include, but not be limited to: (i) The total number of calls for
1509 emergency medical services received by such licensed ambulance
1510 service, certified ambulance service or paramedic intercept service
1511 through the 9-1-1 system during the reporting period; (ii) each level of
1512 emergency medical services, as defined in regulations adopted
1513 pursuant to section 19a-179, required for each such call; (iii) the
1514 response time for each licensed ambulance service, certified ambulance
1515 service or paramedic intercept service during the reporting period; (iv)
1516 the number of passed calls, cancelled calls and mutual aid calls, both
1517 made and received, during the reporting period; and (v) for the
1518 reporting period, the prehospital data for the nonscheduled transport
1519 of patients required by regulations adopted pursuant to subdivision
1520 (6) of this section. The data required under this subdivision may be
1521 submitted in any written or electronic form selected by such licensed
1522 ambulance service, certified ambulance service or paramedic intercept
1523 service and approved by the commissioner, provided the
1524 commissioner shall take into consideration the needs of such licensed

1525 ambulance service, certified ambulance service or paramedic intercept
1526 service in approving such written or electronic form. The
1527 commissioner may conduct an audit of any such licensed ambulance
1528 service, certified ambulance service or paramedic intercept service as
1529 the commissioner deems necessary in order to verify the accuracy of
1530 such reported data.

1531 (B) On or before December 31, 2018, and annually thereafter, the
1532 commissioner shall prepare a report to the Emergency Medical
1533 Services Advisory Board, established pursuant to section 19a-178a, that
1534 shall include, but not be limited to, the following data: (i) The total
1535 number of calls for emergency medical services received during the
1536 reporting year by each licensed ambulance service, certified ambulance
1537 service or paramedic intercept service; (ii) the level of emergency
1538 medical services required for each such call; (iii) the name of the
1539 provider of each such level of emergency medical services furnished
1540 during the reporting year; (iv) the response time, by time ranges or
1541 fractile response times, for each licensed ambulance service, certified
1542 ambulance service or paramedic intercept service, using a common
1543 definition of response time, as provided in regulations adopted
1544 pursuant to section 19a-179; and (v) the number of passed calls,
1545 cancelled calls and mutual aid calls during the reporting year. The
1546 commissioner shall prepare such report in a format that categorizes
1547 such data for each municipality in which the emergency medical
1548 services were provided, with each such municipality grouped
1549 according to urban, suburban and rural classifications.

1550 (C) If any licensed ambulance service, certified ambulance service or
1551 paramedic intercept service does not submit the data required under
1552 subparagraph (A) of this subdivision for a period of six consecutive
1553 months, or if the commissioner believes that such licensed ambulance
1554 service, certified ambulance service or paramedic intercept service
1555 knowingly or intentionally submitted incomplete or false data, the
1556 commissioner shall issue a written order directing such licensed
1557 ambulance service, certified ambulance service or paramedic intercept
1558 service to comply with the provisions of subparagraph (A) of this

1559 subdivision and submit all missing data or such corrected data as the
1560 commissioner may require. If such licensed ambulance service,
1561 certified ambulance service or paramedic intercept service fails to fully
1562 comply with such order not later than three months from the date such
1563 order is issued, the commissioner (i) shall conduct a hearing, in
1564 accordance with chapter 54, at which such licensed ambulance service,
1565 certified ambulance service or paramedic intercept service shall be
1566 required to show cause why the primary service area assignment of
1567 such licensed ambulance service, certified ambulance service or
1568 paramedic intercept service should not be revoked, and (ii) may take
1569 such disciplinary action under section 19a-17 as the commissioner
1570 deems appropriate.

1571 (D) The commissioner shall collect the data required by
1572 subparagraph (A) of this subdivision, in the manner provided in said
1573 subparagraph, from each emergency medical service organization
1574 licensed or certified pursuant to this chapter. Any such emergency
1575 medical service organization that fails to comply with the provisions of
1576 this section shall be liable for a civil penalty not to exceed one hundred
1577 dollars per day for each failure to report the required data regarding
1578 emergency medical services provided to a patient, as determined by
1579 the commissioner. The civil penalties set forth in this subparagraph
1580 shall be assessed only after the department provides a written notice of
1581 deficiency and the organization is afforded the opportunity to respond
1582 to such notice. An organization shall have not more than fifteen
1583 business days after the date of receiving such notice to provide a
1584 written response to the department. The commissioner may adopt
1585 regulations, in accordance with chapter 54, concerning the
1586 development, implementation, monitoring and collection of
1587 emergency medical service system data. All state agencies licensed or
1588 certified as emergency medical service organizations shall be exempt
1589 from the civil penalties set forth in this subparagraph;

1590 (E) The commissioner shall, with the recommendation of the
1591 Connecticut Emergency Medical Services Advisory Board established
1592 pursuant to section 19a-178a, as amended by this act, adopt for use in

1593 trauma data collection the most recent version of the National Trauma
1594 Data Bank's National Trauma Data Standards and Data Dictionary and
1595 nationally recognized guidelines for field triage of injured patients.

1596 (9) (A) Establish rates for the conveyance and treatment of patients
1597 by licensed ambulance services and invalid coaches and establish
1598 emergency service rates for certified ambulance services and
1599 paramedic intercept services, provided (i) the present rates established
1600 for such services and vehicles shall remain in effect until such time as
1601 the commissioner establishes a new rate schedule as provided in this
1602 subdivision, and (ii) any rate increase not in excess of the Medical Care
1603 Services Consumer Price Index, as published by the Bureau of Labor
1604 Statistics of the United States Department of Labor, for the prior year,
1605 filed in accordance with subparagraph (B)(iii) of this subdivision shall
1606 be deemed approved by the commissioner. For purposes of this
1607 subdivision, licensed ambulance [service] services and paramedic
1608 intercept services shall not include emergency air transport services or
1609 mobile integrated health care programs.

1610 (B) Adopt regulations, in accordance with the provisions of chapter
1611 54, establishing methods for setting rates and conditions for charging
1612 such rates. Such regulations shall include, but not be limited to,
1613 provisions requiring that on and after July 1, 2000: (i) Requests for rate
1614 increases may be filed no more frequently than once a year, except
1615 that, in any case where an agency's schedule of maximum allowable
1616 rates falls below that of the Medicare allowable rates for that agency,
1617 the commissioner shall immediately amend such schedule so that the
1618 rates are at or above the Medicare allowable rates; (ii) only licensed
1619 ambulance services, certified ambulance services and paramedic
1620 intercept services that apply for a rate increase in excess of the Medical
1621 Care Services Consumer Price Index, as published by the Bureau of
1622 Labor Statistics of the United States Department of Labor, for the prior
1623 year, and do not accept the maximum allowable rates contained in any
1624 voluntary state-wide rate schedule established by the commissioner for
1625 the rate application year shall be required to file detailed financial
1626 information with the commissioner, provided any hearing that the

1627 commissioner may hold concerning such application shall be
1628 conducted as a contested case in accordance with chapter 54; (iii)
1629 licensed ambulance services, certified ambulance services and
1630 paramedic intercept services that do not apply for a rate increase in
1631 any year in excess of the Medical Care Services Consumer Price Index,
1632 as published by the Bureau of Labor Statistics of the United States
1633 Department of Labor, for the prior year, or that accept the maximum
1634 allowable rates contained in any voluntary state-wide rate schedule
1635 established by the commissioner for the rate application year shall, not
1636 later than the last business day in August of such year, file with the
1637 commissioner a statement of emergency and nonemergency call
1638 volume, and, in the case of a licensed ambulance service, certified
1639 ambulance service or paramedic intercept service that is not applying
1640 for a rate increase, a written declaration by such licensed ambulance
1641 service, certified ambulance service or paramedic intercept service that
1642 no change in its currently approved maximum allowable rates will
1643 occur for the rate application year; and (iv) detailed financial and
1644 operational information filed by licensed ambulance services, certified
1645 ambulance services and paramedic intercept services to support a
1646 request for a rate increase in excess of the Medical Care Services
1647 Consumer Price Index, as published by the Bureau of Labor Statistics
1648 of the United States Department of Labor, for the prior year, shall
1649 cover the time period pertaining to the most recently completed fiscal
1650 year and the rate application year of the licensed ambulance service,
1651 certified ambulance service or paramedic intercept service.

1652 (C) Establish rates for licensed ambulance services, certified
1653 ambulance services or paramedic intercept services for the following
1654 services and conditions: (i) "Advanced life support assessment" and
1655 "specialty care transports", which terms have the meanings provided
1656 in 42 CFR 414.605; and (ii) mileage, which may include mileage for an
1657 ambulance transport when the point of origin and final destination for
1658 a transport is within the boundaries of the same municipality. The
1659 rates established by the commissioner for each such service or
1660 condition shall be equal to (I) the ambulance service's base rate plus its

1661 established advanced life support/paramedic surcharge when
1662 advanced life support assessment services are performed; (II) two
1663 hundred twenty-five per cent of the ambulance service's established
1664 base rate for specialty care transports; and (III) "loaded mileage", as the
1665 term is defined in 42 CFR 414.605, multiplied by the ambulance
1666 service's established rate for mileage. Such rates shall remain in effect
1667 until such time as the commissioner establishes a new rate schedule as
1668 provided in this subdivision;

1669 (D) Establish rates for the treatment and release of patients by a
1670 licensed or certified emergency medical services organization or a
1671 provider who does not transport such patients to an emergency
1672 department and who is operating within the scope of such
1673 organization's or provider's practice and following protocols approved
1674 by the sponsor hospital. The rates established pursuant to this
1675 subparagraph shall not apply to the treatment provided to patients
1676 through mobile integrated health care programs;

1677 (10) Research, develop, track and report on appropriate quantifiable
1678 outcome measures for the state's emergency medical service system
1679 and submit to the joint standing committee of the General Assembly
1680 having cognizance of matters relating to public health, in accordance
1681 with the provisions of section 11-4a, on or before July 1, 2002, and
1682 annually thereafter, a report on the progress toward the development
1683 of such outcome measures and, after such outcome measures are
1684 developed, an analysis of emergency medical services system
1685 outcomes;

1686 (11) Establish primary service areas and assign in writing a primary
1687 service area responder for each primary service area. Each state-owned
1688 campus having an acute care hospital on the premises shall be
1689 designated as the primary service area responder for that campus;

1690 (12) Revoke primary service area assignments upon determination
1691 by the commissioner that it is in the best interests of patient care to do
1692 so; and

1693 (13) Annually issue a list of minimum equipment requirements for
1694 ambulances and rescue vehicles based upon current national
1695 standards. The commissioner shall distribute such list to all emergency
1696 medical service organizations and sponsor hospital medical directors
1697 and make such list available to other interested stakeholders.
1698 Emergency medical service organizations shall have one year from the
1699 date of issuance of such list to comply with the minimum equipment
1700 requirements.

1701 Sec. 526. (NEW) (*Effective July 1, 2019*) (a) A licensed or certified
1702 emergency medical services organization or provider may transport a
1703 patient by ambulance to an alternate destination, in consultation with
1704 the medical director of a sponsor hospital.

1705 (b) Any ambulance used for transport to an alternate destination
1706 under subsection (a) of this section shall meet the requirements for a
1707 basic level ambulance, as prescribed in regulations adopted pursuant
1708 to section 19a-179 of the general statutes, including requirements
1709 concerning medically necessary supplies and services.

1710 Sec. 527. Subdivision (12) of subsection (a) of section 19a-906 of the
1711 general statutes is repealed and the following is substituted in lieu
1712 thereof (*Effective July 1, 2019*):

1713 (12) "Telehealth provider" means any physician licensed under
1714 chapter 370, physical therapist licensed under chapter 376,
1715 chiropractor licensed under chapter 372, naturopath licensed under
1716 chapter 373, podiatrist licensed under chapter 375, occupational
1717 therapist licensed under chapter 376a, optometrist licensed under
1718 chapter 380, registered nurse or advanced practice registered nurse
1719 licensed under chapter 378, physician assistant licensed under chapter
1720 370, psychologist licensed under chapter 383, marital and family
1721 therapist licensed under chapter 383a, clinical social worker or master
1722 social worker licensed under chapter 383b, alcohol and drug counselor
1723 licensed under chapter 376b, professional counselor licensed under
1724 chapter 383c, dietitian-nutritionist certified under chapter 384b, speech

1725 and language pathologist licensed under chapter 399, respiratory care
1726 practitioner licensed under chapter 381a, audiologist licensed under
1727 chapter 397a, [or] pharmacist licensed under chapter 400j [] or
1728 paramedic licensed pursuant to chapter 384d who is providing health
1729 care or other health services through the use of telehealth within such
1730 person's scope of practice and in accordance with the standard of care
1731 applicable to the profession.

1732 Sec. 528. Section 19a-180 of the general statutes is repealed and the
1733 following is substituted in lieu thereof (*Effective July 1, 2019*):

1734 (a) No person shall operate any ambulance service, paramedic
1735 intercept service or rescue service without either a license or a
1736 certificate issued by the commissioner. No person shall operate a
1737 commercial ambulance service or commercial rescue service without a
1738 license issued by the commissioner. A certificate shall be issued to any
1739 volunteer or municipal ambulance service or any ambulance service or
1740 paramedic intercept service that is operated and maintained by a state
1741 agency and that shows proof satisfactory to the commissioner that it
1742 meets the minimum standards of the commissioner in the areas of
1743 training, equipment and personnel. No license or certificate shall be
1744 issued to any volunteer, municipal or commercial ambulance service,
1745 paramedic intercept service or rescue service or any ambulance service
1746 or paramedic intercept service that is operated and maintained by a
1747 state agency, unless it meets the requirements of subsection (e) of
1748 section 14-100a. Applicants for a license shall use the forms prescribed
1749 by the commissioner and shall submit such application to the
1750 commissioner accompanied by an annual fee of two hundred dollars.
1751 In considering requests for approval of permits for new or expanded
1752 emergency medical services or the establishment of mobile integrated
1753 health care programs in any region, the commissioner shall consult
1754 with the Office of Emergency Medical Services and the emergency
1755 medical services council of such region and shall hold a public hearing
1756 to determine the necessity for such services. Written notice of such
1757 hearing shall be given to current providers in the geographic region
1758 where such new or expanded services or mobile integrated health care

1759 programs would be implemented, provided, any volunteer ambulance
1760 service which elects not to levy charges for services rendered under
1761 this chapter shall be exempt from the provisions concerning requests
1762 for approval of permits for new or expanded emergency medical
1763 services set forth in this subsection. A primary service area responder
1764 that operates in the service area identified in the application shall,
1765 upon request, be granted intervenor status with opportunity for cross-
1766 examination. Each applicant for licensure shall furnish proof of
1767 financial responsibility which the commissioner deems sufficient to
1768 satisfy any claim. The commissioner may adopt regulations, in
1769 accordance with the provisions of chapter 54, to establish satisfactory
1770 kinds of coverage and limits of insurance for each applicant for either
1771 licensure or certification. Until such regulations are adopted, the
1772 following shall be the required limits for licensure: (1) For damages by
1773 reason of personal injury to, or the death of, one person on account of
1774 any accident, at least five hundred thousand dollars, and more than
1775 one person on account of any accident, at least one million dollars, (2)
1776 for damage to property at least fifty thousand dollars, and (3) for
1777 malpractice in the care of one passenger at least two hundred fifty
1778 thousand dollars, and for more than one passenger at least five
1779 hundred thousand dollars. In lieu of the limits set forth in subdivisions
1780 (1) to (3), inclusive, of this subsection, a single limit of liability shall be
1781 allowed as follows: (A) For damages by reason of personal injury to, or
1782 death of, one or more persons and damage to property, at least one
1783 million dollars; and (B) for malpractice in the care of one or more
1784 passengers, at least five hundred thousand dollars. A certificate of such
1785 proof shall be filed with the commissioner. Upon determination by the
1786 commissioner that an applicant is financially responsible, properly
1787 certified and otherwise qualified to operate a commercial ambulance
1788 service, paramedic intercept service, [or] rescue service or mobile
1789 integrated health care program, the commissioner shall issue the
1790 appropriate license effective for one year to such applicant or authorize
1791 the establishment of a mobile integrated health care program. If the
1792 commissioner determines that an applicant for either a certificate or
1793 license is not so qualified, the commissioner shall notify such applicant

1794 of the denial of the application with a statement of the reasons for such
1795 denial. Such applicant shall have thirty days to request a hearing on
1796 the denial of the application.

1797 (b) On or after January 1, 2020, within available appropriations, the
1798 commissioner may authorize an emergency medical services
1799 organization that furnishes evidence satisfactory to the commissioner
1800 that such organization has met the requirements of this section to
1801 establish a mobile integrated health care program under the provisions
1802 of such organization's current license or certification. Emergency
1803 medical services organizations requesting approval to establish such
1804 mobile integrated health care program shall use the forms prescribed
1805 by the commissioner and shall submit such application to the
1806 commissioner. No emergency medical services organization shall
1807 provide a mobile integrated health care program unless authorized by
1808 the commissioner to provide such program. The commissioner may
1809 implement policies and procedures to administer the mobile integrated
1810 health care programs established in accordance with this section. The
1811 commissioner shall post such policies and procedures to the
1812 department's Internet web site and the eRegulations System not later
1813 than twenty days after the date of implementation.

1814 ~~[(b)]~~ (c) Any person or emergency medical service organization that
1815 does not maintain standards or violates regulations adopted under any
1816 section of this chapter applicable to such person or organization may
1817 have such person's or organization's license or certification suspended
1818 or revoked or may be subject to any other disciplinary action specified
1819 in section 19a-17 after notice by certified mail to such person or
1820 organization of the facts or conduct that warrant the intended action.
1821 Such person or emergency medical service organization shall have an
1822 opportunity to show compliance with all requirements for the
1823 retention of such certificate or license. In the conduct of any
1824 investigation by the commissioner of alleged violations of the
1825 standards or regulations adopted under the provisions of this chapter,
1826 the commissioner may issue subpoenas requiring the attendance of
1827 witnesses and the production by any medical service organization or

1828 person of reports, records, tapes or other documents that concern the
1829 allegations under investigation. All records obtained by the
1830 commissioner in connection with any such investigation shall not be
1831 subject to the provisions of section 1-210 for a period of six months
1832 from the date of the petition or other event initiating such
1833 investigation, or until such time as the investigation is terminated
1834 pursuant to a withdrawal or other informal disposition or until a
1835 hearing is convened pursuant to chapter 54, whichever is earlier. A
1836 complaint, as defined in subdivision (6) of section 19a-13, shall be
1837 subject to the provisions of section 1-210 from the time that it is served
1838 or mailed to the respondent. Records that are otherwise public records
1839 shall not be deemed confidential merely because they have been
1840 obtained in connection with an investigation under this chapter.

1841 [(c)] (d) Any person or emergency medical service organization
1842 aggrieved by an act or decision of the commissioner regarding
1843 certification or licensure may appeal in the manner provided by
1844 chapter 54.

1845 [(d)] (e) Any person who commits any of the following acts shall be
1846 guilty of a class C misdemeanor: (1) In any application to the
1847 commissioner or in any proceeding before or investigation made by
1848 the commissioner, knowingly making any false statement or
1849 representation, or, with knowledge of its falsity, filing or causing to be
1850 filed any false statement or representation in a required application or
1851 statement; (2) issuing, circulating or publishing or causing to be issued,
1852 circulated or published any form of advertisement or circular for the
1853 purpose of soliciting business which contains any statement that is
1854 false or misleading, or otherwise likely to deceive a reader thereof,
1855 with knowledge that it contains such false, misleading or deceptive
1856 statement; (3) giving or offering to give anything of value to any
1857 person for the purpose of promoting or securing ambulance, invalid
1858 coach, paramedic intercept vehicle or rescue service business or
1859 obtaining favors relating thereto; (4) administering or causing to be
1860 administered, while serving in the capacity of an employee of any
1861 licensed ambulance or rescue service, any alcoholic liquor to any

1862 patient in such employee's care, except under the supervision and
1863 direction of a licensed physician; (5) in any respect wilfully violating or
1864 failing to comply with any provision of this chapter or wilfully
1865 violating, failing, omitting or neglecting to obey or comply with any
1866 regulation, order, decision or license, or any part or provisions thereof;
1867 or (6) with one or more other persons, conspiring to violate any license
1868 or order issued by the commissioner or any provision of this chapter.

1869 [(e)] (f) No person shall place any advertisement or produce any
1870 printed matter that holds that person out to be an ambulance service or
1871 a mobile integrated health care program provider unless such person
1872 is licensed, [or] certified or authorized pursuant to this section. Any
1873 such advertisement or printed matter shall include the license or
1874 certificate number issued by the commissioner.

1875 [(f)] (g) Each licensed or certified emergency medical service
1876 organization shall: (1) Ensure that its emergency medical personnel,
1877 whether such personnel are employees or contracted through an
1878 employment agency or personnel pool, are appropriately licensed or
1879 certified by the Department of Public Health to perform their job
1880 duties and that such licenses or certifications remain valid; (2) ensure
1881 that any employment agency or personnel pool, from which the
1882 emergency medical service organization obtains personnel meets the
1883 required general liability and professional liability insurance limits
1884 described in subsection (a) of this section and that all persons
1885 performing work or volunteering for the medical service organization
1886 are covered by such insurance; and (3) secure and maintain medical
1887 oversight, as defined in section 19a-175, as amended by this act, by a
1888 sponsor hospital, as defined in section 19a-175, as amended by this act.

1889 [(g)] (h) Each applicant whose request for new or expanded
1890 emergency medical services or the establishment of a mobile
1891 integrated health care program is approved shall, not later than six
1892 months after the date of such approval, acquire the necessary
1893 resources, equipment and other material necessary to comply with the
1894 terms of the approval and operate in the service area identified in the

1895 application. If the applicant fails to do so, the approval for new or
1896 expanded medical services or the establishment of a mobile integrated
1897 health care program shall be void and the commissioner shall rescind
1898 the approval.

1899 ~~[(h)]~~ (i) Notwithstanding the provisions of subsection (a) of this
1900 section, any volunteer, hospital-based or municipal ambulance service
1901 or any ambulance service or paramedic intercept service operated and
1902 maintained by a state agency that is licensed or certified and is a
1903 primary service area responder may apply to the commissioner to add
1904 one emergency vehicle to its existing fleet every three years, on a short
1905 form application prescribed by the commissioner. No such volunteer,
1906 hospital-based or municipal ambulance service or any ambulance
1907 service or paramedic intercept service operated and maintained by a
1908 state agency may add more than one emergency vehicle to its existing
1909 fleet pursuant to this subsection regardless of the number of
1910 municipalities served by such volunteer, hospital-based or municipal
1911 ambulance service. Upon making such application, the applicant shall
1912 notify in writing all other primary service area responders in any
1913 municipality or abutting municipality in which the applicant proposes
1914 to add the additional emergency vehicle. Except in the case where a
1915 primary service area responder entitled to receive notification of such
1916 application objects, in writing, to the commissioner not later than
1917 fifteen calendar days after receiving such notice, the application shall
1918 be deemed approved thirty calendar days after filing. If any such
1919 primary service area responder files an objection with the
1920 commissioner within the fifteen-calendar-day time period and requests
1921 a hearing, the applicant shall be required to demonstrate need at a
1922 public hearing as required under subsection (a) of this section.

1923 ~~[(i)]~~ (j) The commissioner shall develop a short form application for
1924 primary service area responders seeking to add an emergency vehicle
1925 to their existing fleets pursuant to subsection ~~[(h)]~~ (i) of this section.
1926 The application shall require an applicant to provide such information
1927 as the commissioner deems necessary, including, but not limited to, (1)
1928 the applicant's name and address, (2) the primary service area where

1929 the additional vehicle is proposed to be used, (3) an explanation as to
1930 why the additional vehicle is necessary and its proposed use, (4) proof
1931 of insurance, (5) a list of the providers to whom notice was sent
1932 pursuant to subsection [(h)] (i) of this section and proof of such
1933 notification, and (6) total call volume, response time and calls passed
1934 within the primary service area for the one-year period preceding the
1935 date of the application.

1936 [(j) Notwithstanding the provisions of subsection (a) of this section,
1937 any ambulance service or paramedic intercept service operated and
1938 maintained by a state agency on or before October 1, 2014, that notifies
1939 the Department of Public Health's Office of Emergency Medical
1940 Services, in writing, not later than September 1, 2014, of such operation
1941 and attests to the ambulance service or paramedic intercept service
1942 being in compliance with all statutes and regulations concerning such
1943 operation (1) shall be deemed certified by the Commissioner of Public
1944 Health, or (2) shall be deemed licensed by the Commissioner of Public
1945 Health if such ambulance service or paramedic intercept service levies
1946 charges for emergency and nonemergency services.]

1947 (k) Notwithstanding the provisions of subsection (a) of this section,
1948 any volunteer, hospital-based or municipal ambulance service that is
1949 licensed or certified and a primary service area responder may apply
1950 to the commissioner, on a short form application prescribed by the
1951 commissioner, to change the address of a principal or branch location
1952 within its primary service area. Upon making such application, the
1953 applicant shall notify in writing all other primary service area
1954 responders in any municipality or abutting municipality in which the
1955 applicant proposes to change principal or branch locations. Unless a
1956 primary service area responder entitled to receive notification of such
1957 application objects, in writing, to the commissioner and requests a
1958 hearing on such application not later than fifteen calendar days after
1959 receiving such notice, the application shall be deemed approved thirty
1960 calendar days after filing. If any such primary service area responder
1961 files an objection with the commissioner within the fifteen-calendar-
1962 day time period and requests a hearing, the applicant shall be required

1963 to demonstrate need to change the address of a principal or branch
1964 location within its primary service area at a public hearing as required
1965 under subsection (a) of this section.

1966 (l) The commissioner shall develop a short form application for
1967 primary service area responders seeking to change the address of a
1968 principal or branch location pursuant to subsection (k) of this section.
1969 The application shall require an applicant to provide such information
1970 as the commissioner deems necessary, including, but not limited to, (1)
1971 the applicant's name and address, (2) the new address where the
1972 principal or branch is to be located, (3) an explanation as to why the
1973 principal or branch location is being moved, and (4) a list of the
1974 providers to whom notice was sent pursuant to subsection (k) of this
1975 section and proof of such notification.

1976 (m) Notwithstanding the provisions of subsection (b) of this section,
1977 any ambulance service assigned as the primary service area responder
1978 for a primary service area on or before September 1, 2019, that notifies
1979 the Department of Public Health's Office of Emergency Medical
1980 Services, in writing, not later than October 1, 2019, of such assignment
1981 and attests to the ambulance service being in compliance with all
1982 statutes and regulations concerning the operation of such ambulance
1983 service shall be deemed authorized by the Commissioner of Public
1984 Health as the authorized mobile integrated health care program for the
1985 primary service area within which the ambulance service is the
1986 primary service area responder.

1987 Sec. 529. Section 19a-193a of the general statutes is repealed and the
1988 following is substituted in lieu thereof (*Effective July 1, 2019*):

1989 (a) Except as provided in subsection [(b)] (c) of this section and
1990 subject to the provisions of sections 19a-177, as amended by this act,
1991 38a-498 and 38a-525, any person who receives emergency medical
1992 treatment services or transportation services from a licensed
1993 ambulance service, certified ambulance service or paramedic intercept
1994 service shall be liable to such ambulance service for the reasonable and

1995 necessary costs of providing such services, irrespective of whether
1996 such person agreed or consented to such liability.

1997 (b) Except as provided in subsection (c) of this section, any person
1998 who receives medical services or transport services under
1999 nonemergency conditions from a mobile integrated health care
2000 program shall be liable to such mobile health care integrated program
2001 for the reasonable and necessary costs of providing such services.

2002 ~~[(b)]~~ (c) The provisions of this section shall not apply to any person
2003 who receives emergency medical treatment services or transportation
2004 services from a licensed ambulance service, certified ambulance
2005 service, ~~[or] paramedic intercept service~~ or mobile integrated health
2006 care program for an injury arising out of and in the course of ~~[his]~~ such
2007 person's employment as defined in section 31-275.

2008 Sec. 530. Subdivision (5) of section 17b-520 of the general statutes is
2009 repealed and the following is substituted in lieu thereof (*Effective from*
2010 *passage*):

2011 (5) "Resident" means any person entitled to receive present or future
2012 shelter, care and medical or nursing services or other health-related
2013 benefits pursuant to a continuing-care contract, provided nothing in
2014 this section and sections 17b-521 to 17b-535, inclusive, shall affect
2015 rights otherwise afforded to residents while they are patients in health
2016 care facilities as defined in subsections (a), (b), ~~[and]~~ (c) and (o) of
2017 section 19a-490;

2018 Sec. 531. Section 19a-123 of the general statutes is repealed and the
2019 following is substituted in lieu thereof (*Effective from passage*):

2020 For purposes of this section and sections 19a-123b to 19a-123d,
2021 inclusive: "Nursing pool" means any person, firm, corporation, limited
2022 liability company, partnership or association engaged for a fee in the
2023 business of employing and providing health care personnel on a
2024 temporary basis to one or more health care institutions, as defined in
2025 ~~[subsection]~~ subsections (c) and (o) of section 19a-490, and does not

2026 include: (1) A licensed health care institution or subsidiary thereof
2027 which supplies temporary health care personnel to its own institution
2028 only and does not charge a fee to such institution or (2) an individual
2029 who offers only his own personal services on a temporary basis.

2030 Sec. 532. Subsection (b) of section 19a-491 of the general statutes is
2031 repealed and the following is substituted in lieu thereof (*Effective from*
2032 *passage*):

2033 (b) If any person acting individually or jointly with any other person
2034 owns real property or any improvements thereon, upon or within
2035 which an institution, as defined in [subsection] subsections (c) and (o)
2036 of section 19a-490, is established, conducted, operated or maintained
2037 and is not the licensee of the institution, such person shall submit a
2038 copy of the lease agreement to the department at the time of any
2039 change of ownership and with each license renewal application. The
2040 lease agreement shall, at a minimum, identify the person or entity
2041 responsible for the maintenance and repair of all buildings and
2042 structures within which such an institution is established, conducted
2043 or operated. If a violation is found as a result of an inspection or
2044 investigation, the commissioner may require the owner to sign a
2045 consent order providing assurances that repairs or improvements
2046 necessary for compliance with the provisions of the Public Health
2047 Code shall be completed within a specified period of time or may
2048 assess a civil penalty of not more than one thousand dollars for each
2049 day that such owner is in violation of the Public Health Code or a
2050 consent order. A consent order may include a provision for the
2051 establishment of a temporary manager of such real property who has
2052 the authority to complete any repairs or improvements required by
2053 such order. Upon request of the Commissioner of Public Health, the
2054 Attorney General may petition the Superior Court for such equitable
2055 and injunctive relief as such court deems appropriate to ensure
2056 compliance with the provisions of a consent order. The provisions of
2057 this subsection shall not apply to any property or improvements
2058 owned by a person licensed in accordance with the provisions of
2059 subsection (a) of this section to establish, conduct, operate or maintain

2060 an institution on or within such property or improvements.

2061 Sec. 533. Subdivision (4) of subsection (b) of section 19a-638 of the
2062 general statutes is repealed and the following is substituted in lieu
2063 thereof (*Effective from passage*):

2064 (4) Residential care homes, as defined in subsection (c) of section
2065 19a-490, and nursing homes and rest homes, as defined in subsection
2066 [(c)] (o) of section 19a-490;

2067 Sec. 534. Subsection (bb) of section 32-23d of the general statutes is
2068 repealed and the following is substituted in lieu thereof (*Effective from*
2069 *passage*):

2070 (bb) "Health care project" means any project which is to be used or
2071 occupied by any person for the providing of services in any residential
2072 care home, nursing home or rest home, as defined in [subsection]
2073 subsections (c) and (o) of section 19a-490, or for the providing of living
2074 space for physically handicapped persons or persons sixty years of age
2075 or older.

2076 Sec. 535. Section 20-205 of the general statutes is repealed and the
2077 following is substituted in lieu thereof (*Effective July 1, 2019*):

2078 The provisions of this chapter shall not apply to any (1) person in
2079 governmental employ while acting in the scope of his or her
2080 employment, [or to any] (2) person who furnishes medical or surgical
2081 assistance without compensation in an emergency, [or to any] (3)
2082 veterinarian, licensed in another state, who is employed as a direct
2083 consultant for not more than ten days during any calendar year with
2084 any practitioner licensed in conformity with the provisions of section
2085 20-197, [The provisions of this chapter shall not apply to any] (4)
2086 hospital, [educational] institution [or] of higher education, laboratory,
2087 [or any] state or federal institution, or [any] employee, [of,] student [in]
2088 or person associated with any such hospital, [educational] institution
2089 [or] of higher education, laboratory or state or federal institution, while
2090 engaged in research or studies involving the [use] administration of

2091 medical, surgical or dental procedures to an animal or livestock within
2092 such hospital, institution of higher education, laboratory or state or
2093 federal institution, (5) faculty member, resident, student or intern
2094 employed by a school of veterinary medicine, surgery or dentistry
2095 accredited by the American Veterinary Medical Association, while
2096 engaged in clinical practice, research or studies involving the use of
2097 veterinary medical, surgical or dental procedures within a hospital,
2098 clinic or laboratory owned by such school of veterinary medicine,
2099 surgery or dentistry, or [to the] (6) owner of any animal or livestock or
2100 his or her employee while administering to such animal or livestock.

2101 Sec. 536. Subsection (d) of section 19a-654 of the general statutes is
2102 repealed and the following is substituted in lieu thereof (*Effective from*
2103 *passage*):

2104 (d) Except as provided in this subsection, patient-identifiable data
2105 received by the unit shall be kept confidential and shall not be
2106 considered public records or files subject to disclosure under the
2107 Freedom of Information Act, as defined in section 1-200. The unit may
2108 release de-identified patient data or aggregate patient data to the
2109 public in a manner consistent with the provisions of 45 CFR 164.514.
2110 Any de-identified patient data released by the unit shall exclude
2111 provider, physician and payer organization names or codes and shall
2112 be kept confidential by the recipient. The unit may release patient-
2113 identifiable data (1) for medical and scientific research as provided for
2114 in section 19a-25-3 of the regulations of Connecticut state agencies, and
2115 (2) to (A) a state agency for the purpose of improving health care
2116 service delivery, (B) a federal agency or the office of the Attorney
2117 General for the purpose of investigating hospital mergers and
2118 acquisitions, [or] (C) another state's health data collection agency with
2119 which the unit has entered into a reciprocal data-sharing agreement for
2120 the purpose of certificate of need review or evaluation of health care
2121 services, upon receipt of a request from such agency, provided, prior
2122 to the release of such patient-identifiable data, such agency enters into
2123 a written agreement with the unit pursuant to which such agency
2124 agrees to protect the confidentiality of such patient-identifiable data

2125 and not to use such patient-identifiable data as a basis for any decision
 2126 concerning a patient, or (D) a consultant or independent professional
 2127 contracted by the Office of Health Strategy pursuant to section 19a-614
 2128 to carry out the functions of the unit, including collecting, managing or
 2129 organizing such patient-identifiable data. No individual or entity
 2130 receiving patient-identifiable data may release such data in any
 2131 manner that may result in an individual patient, physician, provider or
 2132 payer being identified. The unit shall impose a reasonable, cost-based
 2133 fee for any patient data provided to a nongovernmental entity.

2134 Sec. 537. Section 19a-507c of the general statutes is repealed.
 2135 (*Effective July 1, 2019*)"

This act shall take effect as follows and shall amend the following sections:		
Sec. 5	<i>July 1, 2019</i>	19a-493(a) to (c)
Sec. 22	<i>July 1, 2019</i>	19a-37
Sec. 501	<i>July 1, 2019</i>	19a-521e
Sec. 502	<i>July 1, 2019</i>	19a-491(e)
Sec. 503	<i>July 1, 2019</i>	19a-112e(a)
Sec. 504	<i>July 1, 2019</i>	19a-112e(e)
Sec. 505	<i>July 1, 2019</i>	17a-450a(a)
Sec. 506	<i>July 1, 2019</i>	19a-175
Sec. 507	<i>July 1, 2019</i>	19a-177(6) to (8)
Sec. 508	<i>July 1, 2019</i>	19a-178a(b)
Sec. 509	<i>July 1, 2019</i>	19a-180(a)
Sec. 510	<i>July 1, 2019</i>	19a-180(i) to (l)
Sec. 511	<i>July 1, 2019</i>	19a-180b(a) and (b)
Sec. 512	<i>July 1, 2019</i>	19a-180d
Sec. 513	<i>July 1, 2019</i>	19a-181b(a)
Sec. 514	<i>July 1, 2019</i>	19a-182(b)
Sec. 515	<i>July 1, 2019</i>	19a-183
Sec. 516	<i>July 1, 2019</i>	20-206kk(c)
Sec. 517	<i>July 1, 2019</i>	20-206jj
Sec. 518	<i>July 1, 2019</i>	20-206mm
Sec. 519	<i>July 1, 2019</i>	20-195ff
Sec. 520	<i>July 1, 2019</i>	20-9(14)
Sec. 521	<i>July 1, 2019</i>	19a-88(e)(1) and (2)

Sec. 522	<i>July 1, 2019</i>	20-67
Sec. 523	<i>from passage</i>	SB 706 (current session), Sec. 1(a)
Sec. 524	<i>July 1, 2019</i>	19a-175
Sec. 525	<i>July 1, 2019</i>	19a-177
Sec. 526	<i>July 1, 2019</i>	New section
Sec. 527	<i>July 1, 2019</i>	19a-906(a)(12)
Sec. 528	<i>July 1, 2019</i>	19a-180
Sec. 529	<i>July 1, 2019</i>	19a-193a
Sec. 530	<i>from passage</i>	17b-520(5)
Sec. 531	<i>from passage</i>	19a-123
Sec. 532	<i>from passage</i>	19a-491(b)
Sec. 533	<i>from passage</i>	19a-638(b)(4)
Sec. 534	<i>from passage</i>	32-23d(bb)
Sec. 535	<i>July 1, 2019</i>	20-205
Sec. 536	<i>from passage</i>	19a-654(d)
Sec. 537	<i>July 1, 2019</i>	Repealer section